

FILED
U.S. DISTRICT COURT
EASTERN DISTRICT ARKANSAS

FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

By: JAMES W. MOORE, CLERK
DEP CLERK

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF ARKANSAS

Pine Bluff DIVISION 5

CASE NO. 4:20-cv-00064-JM-JTK

Jury Trial: ☒ Yes ☐ No
(Check One)

I. Parties

In item A below, place your full name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.

- A. Name of plaintiff: Willie J. Starr
ADC # 109194 (asm)
Address: Varner Unit P.O. Box 400 Grady, Ark 71644
- Name of plaintiff: _____
ADC # _____
- Address: _____
- Name of plaintiff: _____
ADC # _____
- Address: _____
- This case assigned to District Judge Moody
and to Magistrate Judge Kearney**

In item B below, place the full name of the defendant in the first blank, his official position in the second blank, his place of employment in the third blank, and his address in the fourth blank.

- B. (1) Name of defendant: Ans Estella Bland
Position: Advance Nurse practitioner Correct Care Solution - ADC
Place of employment: ADC - Varner Unit
Address: P.O. Box 600 Grady, Arkansas 71644
- (2) Name of defendant: Dr. Aaron M. Smith
Position: Doctor Correct Care Solution - ADC

Place of employment: Correct/Care Solution - ADC

Address: P.O. Box 600 Grady, Arkansas 71644

(3) Name of defendant: Ms Sandra Parker

Position: HSA - Health Service Administrator

Place of employment: Vanner - P.O. Box 600 Correct/Care Solution - ADC

Address: P.O. Box 600 Grady, Arkansas 71644

(4) Name of defendant: Warden's/Gibson/Asst Warden Shipman

Position: Warden/Asst Warden/Major B. Carroll

Place of employment: ADC Vanner Unit

Address: P.O. Box 600 Grady, Arkansas 71644

II. Are you suing the defendants in:

- ☐ official capacity only
☐ personal capacity only
☒ both official and personal capacity

See page

-7-
Q-1

↑

1/2/3

For full Names of Defendants

III. Previous lawsuits

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ___ No ☒

B. If your answer to A is yes, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

☐ Parties to the previous lawsuit:

Plaintiffs: _____

Defendants: _____

☐ Court (if federal court, name the district; if state court, name the county):

☐ Docket Number: _____

☐ Name of judge to whom case was assigned: _____

☐ Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?) _____

☐ Approximate date of filing lawsuit: _____

☐ Approximate date of disposition: _____

IV. Place of present confinement: Varner Super Max P.O. Box
400 Grady; Arkansas 71644

V. At the time of the alleged incident(s), were you:
(check appropriate blank)

_____ in jail and still awaiting trial on pending criminal charges

☒ serving a sentence as a result of a judgment of conviction

_____ in jail for other reasons (e.g., alleged probation violation, etc.)
explain: _____

VI. The Prison Litigation Reform Act (PLRA), 42 U.S.C. § 1997e, requires complete exhaustion of administrative remedies of all claims asserted, prior to the filing of a lawsuit. There is a prisoner grievance procedure in the Arkansas Department of Correction, and in several county jails. Failure to complete the exhaustion process provided as to each of the claims asserted in this complaint may result in the dismissal without prejudice of all the claims raised in this complaint.

A. Did you file a grievance or grievances presenting the facts set forth in this complaint?

Yes ☒ No _____

B. Did you completely exhaust the grievance(s) by appealing to all levels within the grievance procedure?

Yes ☒ No ☐

If not, why? "But, you will notice that the ^(Major) Warden did not respond fully by answering to Grievance's written 8/27/2019 6/10/2019 7/31/2019 6/14/2019

VII. Statement of claim

State here (as briefly as possible) the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

Defendant #

(1) Ang Estella Bland, She denied Medical treatment in form of needed referral, pain meds, Shower Chair, Wheel Chair, handicap cell, (She took) my Medical Special Authorization Strips which was given to me because of my Medical problems: (1) 2 Mattresses

(2) lower tier/lower bunk (3) Back Brace, Knee brace (4) Shoe Strips (5) Orthopedic appliance shoe inserts, (6) Cane (All Because of an old grudge against me)

Defendant #

(2) Doctor Aaron M. Smith, He denied medical treatment in form of following Bland's lead, referral needed, pain meds, Shower Chair, Wheel Chair, handicap cell, pain meds, medical Authorization Strips reNewal. He did this totally on her word without any type of Medical Examination, he also Violated ADC policy 12-09 policy 10-11 and Federal American With disabilities act, 8th Amendment to the United States Constitution ADA

Place of Employment - ADC - Varner Unit
(Defendant's)

#(3) Sondra Parker - Health Care Service Administrator!

#(4) Warden: James Gibson

#(5) Deputy Warden: James Shipman (vsm)

#(6) Classification Committee Member (vsm)
Ms. F. Washington

#(7) Captain: S. Taylor (vsm)

#(8) Major: B. Carroll (vsm)

#(9) Nurse: LPN Amy Jones (vsm)

Defendant's Job Address

Varner Unit

P.O. Box 600

Grady Arkansas

71644

:cc

-7-1

At all times, each
Defendant acted Under
Color of State law.

(⁷⁻
02)

VII. Statment of Claim

- (1) The Defendants herein are Sued in their indivisual and official Composities for the Violation of the rights of the plaintiff, Mr. Willie Starr pursuant to the 5th, 8th and 14th Amendment to U.S. Constitution; the American's With Disabilities act, Arkansas Malpractice law and Corresponding State laws and Constitution.
- (2) The plaintiff ask the Court to exercise Supplemental pendent Jurisdiction to hear the State law Negligence Malpractice Claims and Federal Constitutional Claims.
- (3) The Defendants herein at all times described participated directly in the Violation of the rights of the plaintiff through the Actions and/or Sequence's ~~OR~~ Omission illistrated With full Knowledge of harm to plaintiff.
- (4) Whereas, prove to Claims detailed here in. At the Tucker Maximum Security Unit, after ANP Bland Made a Wrong Medical diagnose's of plaintiff Condition; He Smelled alcohol on her breath. He, plaintiff reported it to the Warden from Fear of the damage ANP Bland Could Cause by treating him in her Condition.
- (5) Consequently, She Was Sent home by Warden D. White!!
- (6) At times during the Current Claims illistrated here after, it is the belief of plaintiff that Estalla Bland is acting Out of Retaliation When She Vindictively began taking away his "Medically Restrictive Special Authorization Stripts" given him by Other Doctor's and Surgeon. Then She began once again to denie plaintiff Medical treatment!
- (7) Whereas the First Claim arise's On 05/21/2019, I

took a fall in a Cell. ~~After~~ I put in Sick Call request only to be ignored by the Medical Staff. I put in Sick Call slip on 5/21/2019 - ignored, 5/26/2019 - Was Seen by Nurse Lpn Jones who gave me asprins. I Continued to hurt so I put in Sick Call on 6/2/2019, never

* Seen by Medical, put in another Sick Call On 6/14/2019, never Called.

Nurses I took another fall, put in another Sick Call and was Seen by a ADON - Ms Austin and Lpn Jones, who Called Nrp Ms Bland who Stated to Ms. Jones over the phone that she would not see me. That was the third time she had refused to see me, denied me Medical treatment due to an old grug against me. because Warden David White Band her away from the Tucker Max Unit, (Sec) Exhibit D Grievance # 19-01677

(8) The Second Claim arises On June, 10-2019; Nrp Ms Bland refused to examen the plaintiff, she refused prescription of any type of pain meds for plaintiff and would not reorder Hemorrhoidal Ointment, (See Exhibit G) Grievance # 19-01579!

(9) The plaintiff (who suffers from degenerative disk disease) and has had to Undergo three Surgeries resulting in the placement of Rods/pins and screws in his Spinal Cord. The plaintiff is also a Diabetic and has High Blood pressure and Real Bad Diabetic Nerve pain in both feet...

(10) Nrp Bland refuse to physically Examen the plaintiff even after hearing of the problems, she Ignored plaintiff's Obvious injury, pain and discomfort. She said she would send him the hemorrhoidal Ointment and sent him away, but did not send the Ointment either. (See) Exhibit - H; Grievance # 19-01605

(11) Because the plaintiff Couldn't Walk at all by this time, the escorting officers had to go get an restrant chair to Carry him back to his Cell. However, in a Show of total disregard for the plaintiff's Medical need Nrp Bland left Sick Call Room and Went home:

Exhibit I

- (12) "Notice" Grievance's # (Vsm) 19-01605 to Warden's of the Varner Unit where plaintiff tried to get help from the Warden to no avail. Also Notice Grievance Written On 06/14/2019.
- (13) to Chief of Security "Major Straughn and Major Carroll," trying to get help to get a Shower Chair so that plaintiff could take a Shower because by now he can no longer stand up to Shower. (No Response) They Sent Grievance to Medical; No help!
- (13) But also to no avail, they say its up to the provider to say if I can get a "Shower Chair" (or) Not. I Was promised to be Scheduled for a Chair Evaluation, (it never happened).
- (14) Subsequently On 06/18/2019, plaintiff Failed to Stand up at diabetic call at 2:30 am. (See) Grievance # Vsm 19-01677 Where Anp Bland Once again Sent me away without any type of a Medical treatment: (See) Grievance # Vsm 19-01769, Exhibit - K
- (15) By this time plaintiff realized he needed help, so with hope fading I write up the "HSA," Ms. Sondra Parker for letting Anp Bland Violate my Right to Medical treatment. Nothing I did would convince her to give me any medical treatment. By now I can't walk at all, I can't even stand!
- (16) I informed the Warden's, Majors, Capt's, the Administrator over health and explained my injuries and advised them that I could no longer stand on my feet. I had to drag myself around inside of the Cell to get my food tray, my medication. I could not get up on the toilet seat, I ended up using the bath Room on myself, there was no handicapped bars in the Cell. Still No One would come to investigate for months, I had to build a slide steps to reach toilet seat out of my paper work, books and my laundry bags... (See) EXHIBIT - L, Grievance # Vsm 19-01785

(16) Exhibit - N, (Grievance # Vsm 19-01925) Went to Step two On the Original Sheet of Grievance On 07/18/2019, Never heard anything. Go to Exhibit E-13 where I Sent the Head Care Administrator, Ms Parker a (Request for - Interview) letting her know of My Concern's for Ms bland Study Changing My Insulin dosage. She Say my dosage has Not been Changed, but my Nurse's - Ms King in the day time along With Nurses Williams day time and Nurse Johnson at Night time all Says that its in the Computer that Ms bland raised my Insulin from a (30mg in the day time to ~~45~~ 45mg) And at Night (or) rather at 2:30 Am Morning Insulin Call Changed from 35mg to 60mg.... It Seem to me that as Sick as I Was, She Was trying to Send Me into a Diabetic Coma. Also there was a Co-pay Charge on 11/07/2019, and I didnt put in a Sick Call Request, Ms. Bland Called me out of the blue and did Nothing for me, Except ask me Could I Walk yet. I Said No and She told the Officers Ok take him back to the Cell!

Notice, also that I Was given ^{the} Same Grievance # for two of My Grievance's Written On 7/16/19 Step two On 7/18/2019, about Insulin Change. And the Other One Written 7/17/2019 and Step two On 7/19/2019 Same (Griev # Vsm 19-01925) The One Written On 7-17-19, got an Negative Responce Just as Most of my Complaints got.

- (17) plaintiff, had done everything he could think of to do by this time; I could not shower because I had not gotten a Shower Chair. plaintiff also needed a Wheel Chair to get around inside of cell, but the Medical Staff refused me either. They even stop responding!
- (18) I got no help from anyone, all my Grievances where answered with negative responses, that amounted to in action/no action. I wrote Request to all of the defendants trying to get help from them, any kind of assistance in my situation, to no avail, they made no effort to intervene. (See) Most of my Grievances ^{talked of a} ~~Shower Chair~~!
- (19) The plaintiff was thereby subjected to the Denial of ⁽¹⁾ Shower and ⁽²⁾ the ability to get around inside of cell except by walking on hands and elbows, dragging the bottom half of his body. Not being able to stand ^(or) walk. Plaintiff was denied ⁽³⁾ the use of telephone calls ⁽⁴⁾ yard call and ⁽⁵⁾ visits. My Daughter's was turned around for no reason other than they didn't want them to see me in such bad shape!
- (20) plaintiff has "Slept on floor" for months because of water leak that wet up his bed each time Inmate above him took a shower. "To this very day" plaintiff has not had a Shower himself since 05/24/2019!
- There is no built in Shower Chair in these cells. And as you will see by my many Grievances, that Medical would not give me a Shower Chair (or) Wheel chair for mobility...
- Also (See) Grievances # Vsm 19-01925; exhibit (0-04)

- (21) plaintiff has not had a Shower from (05-24-2019) that's about the time plaintiff lost the ability to Stand up and Walk. Today is December 23rd, which makes it "213 days" Without a Shower and Still Counting, (Seven Months) and Still No Shower OR Real Medical Treatment...
- (22) Still the plaintiff Write Grievances and Request for interview and put in Sick Call Request, Begging ~~for~~ (Literally) Everyone for help. No help!
- (23) However the Defendants Awp Estella Bland and Dr. Aaron M. Smith refuses to honor plaintiff request that he be allowed (X-Rays) on his Knees and left hip which he has repeatedly injured in falls with a Walker that does you no good if you "Can Not" Stand OR Walk.....
- (24) It's apparently Clear that Dr. Aaron Smith was convinced by Awp Estella Bland on his arrival to this Unit, that plaintiff was Faking an injury. Because Dr. Smith never actually Examine the plaintiff, yet he and the Awp Ms Bland refused him a Wheel Chair/Shower Chair, and the right to see the Specialist, who done his ³Back Surgeries; The Surgeon should have been able to fix the hole in my Spinal Cord, if they would only contact him.
- (25) The One X-Ray done on plaintiff showed that he had a Spinal Fracture; But Dr. Aaron Smith told plaintiff that the X-Ray showed Nothing Wrong. When E. Bland and Dr. A. Smith left the Unit for a Week OR two They were replaced by a Doctor William P. Scott.

(See) Exhibit W-1

(25) When plaintiff found out about Dr. William P. Scott, who came from Cummins Unit, he place another Sick Call in to see this doctor. When plaintiff saw Dr. W. P. Scott on 10-25-2019, Doctor Scott told plaintiff what was in his Medical Files on the Computer and that was that he had a "Spinal Fracture"; Dr. Scott also addressed his Diabetic Nerve pain. He changed the dosage from 300mg to 600mg and he also seen reason to give plaintiff a Wheel Chair to get him off the floor, off his hands and elbows, sliding on the floor dragging the bottom half of his body! He was suppose to address the other problems plaintiff had, (but) Ang Estella Bland and Dr. Aaron Smith came back before he could see the plaintiff again.

(26) The Defendant's refuse's plaintiff anything, They refuse's him "Medical treatment; Shower Chair; adequate-pain Medication; Back Brace; Wheel Chair; Specialist-Consult; and failed to advise Staff members to Accommodate his disabled Condition in any way at all...

(27) The defendant Estella Bland went further to actually refuse to see the plaintiff on the day his back went out, even after being informed of his situation by Nurse Amy Jones Lpn. And refuses to see plaintiff even now! after she returned to the Unit from her week (or) so off for vacation I am told...

Exhibit P

(28) Notice Grievance # Vsm 19-02052, plaintiff begs to be allowed to see an off site provider because both Ms. bland and Dr. Aaron Smith refused him Medical treatment. Mr. Smith bring him a old bent up Walker the kind you push on two wheels. I told him I couldn't use it because I couldn't stand up, they wouldn't take my words serious and walked out of the Cell. This is the time I fall so many times I knocked my left hip out of place and still Mr Smith nor Ms. Bland would examine me!

Exhibit Q (29) On 07/31/2019 I wrote Grievance against Medical Discrimination against my Disability. The AD 12-09 Act 98 of 2011 clearly states; Facilities shall comply with handicapped Accessibility Standard developed by Arkansas Building Authority. (See) Griev # (Vsm) 19-02051; the Health Care Administrator Ignored it. Still would not give me wheel chair!

(30) Wrote Head Administration of Unit / Warden / Classification. They discriminated against my Disability, they put me in a cell that was not Handicapped Accessible. I still could not in any way take a Shower, get on the Comode. The Administration and Classification Ignored my request and my Grievances. They wouldn't even take me to Classification on the days that I was suppose to go up to see the Committee. (See) Grievance # (Vsm) 19-02070, Written On 07/31/2019. EXhibit - R

(31) I Grievance about my Health and Safety, Cell Not being Handicapped Accessible. I am still denied Medical treatment (or) Medical equipment Needed - Wheel chair and Shower Chair! Still I had No Safety Rails to help me get on Comode; I still could not Shower and I was study hurting myself getting on and off Comode and trying to clean myself up in a sink that's over my head to reach:

- (32) Grieved On 08/27/19 to Warden's & Major's about being denied medical attention and being charged medical co-pay but still giving me no medical attention, no examinations. Everyone in this lawsuit was/is well aware of my condition, I've begged them all for help to no avail. I have dragged myself around in this cell for over (5) and half months begging any and everyone for help to get medical treatment, shower cage, wheel chair; (See) Griev # (vsm) 19-02283 "Notice" the Communication Date, they never responded further. Exhibit - T
-
- (33) Grievance # (vsm) 19-02377 - Medical Negligences, Denied medical treatment and Discrimination to medical needs and equipment. Written on 09/09/2019. Exhibit U, the Communication Date 01/07/2020 (See) Exhibit U-3
-
- (34) Maintenance problem still not fixed in my cell, I have a water leak that wets up my bed covers and table top, and to the floor. It's been since June 28th, it will be (7) months soon and it's still not fixed. (See) Exhibit X and X-1
-
- (35) Cell Temperature, Need the heat on! (See) Exhibit Y and (Y-1)
-

- (36) All Defendants herein are guilty of Deliberate indifference to the Serious Medical Need of plaintiff and Wantonly and intentionally infliction of pain. They denied him the proper pain medication, 8th Amendment to the Constitution Violations.
- (37) Medical Staff Defendants Names herein Were ~~and are~~ ^{Guilty} of Medical Malpractice Under Arkansas law.
- (38) All Defendants Named herein Violated Stipulation of Americans With Disabilities Act, (Federal law) and Corresponding State policies governing treatment of the Disabled.
- (39) Whereby, due to afore Mentioned Extream Cruelty, plaintiff herein humbly prays the Court grants Relief Requested.

~~39~~
I declare Under penalty of perjury (18 U.S.C. § 1621) that the foregoing is true and Correct to the best of my knowledge, Understanding and belief.

Executed on this 9th day of January, 2020.

Willie Starr
ADC# 109194
Willie Starr
Signature(s) of plaintiff(s)

VIII. Relief

"Also," deliberate indifference - Violation of the Eighth Amendment of the Constitution:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

- Estella Bland
- money Damages!
- (1) Compensation damages and punitive damages.
- (2) preliminary and permanent injunction.
- (3) Declaration, ~~and preliminary and permanent injunction.~~

(See Relief Section Attached)
page (8-1 of 2) and (8-2 of 2)

I declare under penalty of perjury (18 U.S.C. § 1621) that the foregoing is true and correct.

Executed on this 9th day of January, 20 20.

Willie J. Starr

Willie J. Starr

AOC #109194

Signature(s) of plaintiff(s)

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plus
(1 and 2) Relief pages

Relief

prayer For Relief

Wherefore, plaintiff respectfully prays that the Court Enter Judgement granting plaintiff:

- 1) A Declaration that the acts and Omissions described herein Violated plaintiff Willie Starr rights Under the Constitution and law of the United States.
- 2) A preliminary and permanent injunction Ordering all defendants herein, to obey the preliminary Injunction.
- med 3) Compensatory damages in the Amount of \$60,000⁰⁰ (Sixty Thousand dollars) Damages from Medical, Correct Care Solutions defendants Jointly and Severally.
- med 4) plaintiff Request \$100,000⁰⁰ (One Hundred Thousand Dollars) in punitive Damages from Correct Care Solution Defendants.
- ADC 5) plaintiff Request 60,000⁰⁰ (Sixty Thousand dollars for punitive Damages from ADC Defendants Jointly and Severally.
- ADC 6) plaintiff Request \$60,000⁰⁰ (Sixty Thousand Dollars) in Compensatory damages from ADC defendants Jointly and Severally.
- 7) Total Damages \$280,000⁰⁰ (Two Hundred ^{and} Eighty Thousand Dollars).
- 8) A Jury trial on all issues triable by Jury.

Relief

- 9) All defendants share in Cost of this lawsuit.
- 10) Any additional relief the Court deems Just, proper, and equitable.
- 11) plaintiff Request Declaratory Judgement in the form of a Declaration that Actions of Defendants Alleged herein Violates the 8th Amendment of U.S. Constitutions, Rights to be Free from Cruel and Unusual punishment.

Willie J. Starr
Varner Unit (Vsm)
P.O. Box 400
Grady, Arkansas 71644
ADC #109194

Respectfully Submitted,
Willie J. Starr
ADC #109194


I declare under penalty of perjury (18 U.S.C. and 1621) that the foregoing is true and correct.

Executed on this 9th day of January, 2020.

Exhibit A

ARKANSAS DEPARTMENT OF CORRECTION

Medical Restrictions/Limitations/Special Authorization(s)**MSF-207**

PART 1 - RESTRICTIONS:	RESTRICT INMATE FROM:
	<input type="checkbox"/> Restrict from assignment requiring strenuous physical activity in excess of hours per day. Allow 10 minute break after each hour. <input type="checkbox"/> Restrict from assignment requiring prolonged crawling, stooping, running, jumping, walking, or standing, in excess of hours per day. Allow 10 minute break after each hour. <input type="checkbox"/> Restrict from assignment requiring lifting or heavy materials in excess of lbs; and/or overhead work in excess of hours per day. Allow 10 minute break after each hour.
PART 2 - LIMITATIONS:	INMATE REQUIRES:
	* <input type="checkbox"/> <u>Bed Rest</u> days. Reason: <input type="checkbox"/> <u>No Duty</u> days. Reason: <input type="checkbox"/> <u>No Yard Call</u> days. Reason: <input type="checkbox"/> <u>No Sports</u> days. Reason: <input type="checkbox"/> <u>One Arm/Hand Duty</u> days.
PART 3 - AUTHORIZATIONS:	INMATE IS AUTHORIZED TO:
	<input type="checkbox"/> <u>Report to the Infirmary for Special Treatments()</u> <input type="checkbox"/> <u>Soak:</u> <input type="checkbox"/> <u>Exercise:</u> <input checked="" type="checkbox"/> <u>Other: lower tier/lower bunk</u> <input type="checkbox"/> <u>Bathe in the Infirmary</u> <input type="checkbox"/> <u>Sitz Bath</u> <input type="checkbox"/> <u>Cast</u> <input checked="" type="checkbox"/> <u>Other: xtra blankets(2) xtr pillow(2)xtra mattresses</u> <input checked="" type="checkbox"/> <u>Have in Possession:</u> <input checked="" type="checkbox"/> <u>Cane</u> <input type="checkbox"/> <u>Crutches</u> <input checked="" type="checkbox"/> <u>Brace: (describe briefly) Back, Knee</u> <input checked="" type="checkbox"/> <u>Prescribed Footwear: sz. 12 medical shoes/boots</u> <input checked="" type="checkbox"/> <u>Orthopedic Appliance: (describe briefly) sz 12 insoles</u> <input checked="" type="checkbox"/> <u>Other: double cuff per ADC policy</u> * <input type="checkbox"/> <u>Go to Dining/Pill Window/Shower Only</u>
This Medical Restriction(s)/Limitation(s)/Special Authorization(s) Starts: 03/02/2016 04:58:00 PM	
This Medical Restriction(s)/Limitation(s)/Special Authorization(s) Ends: 03/02/2017 04:58:00 PM	
<div style="display: flex; justify-content: space-between;"> <div data-bbox="183 1619 695 1724">  </div> <div data-bbox="1078 1619 1344 1713"> Name: <u>Starr, Willie J.</u> DOB: <u>05/26/1966</u> ADC#: <u>109194</u> </div> </div>	
Christal Haskins Walker	
Distribution: Original - Medical Jacket	

Starr

"Exhibit A-1"

ARKANSAS DEPARTMENT OF CORRECTION

Medical Restrictions/Limitations/Special Authorization(s)**MSF-207**

PART 1 - RESTRICTIONS:	RESTRICT INMATE FROM: <input type="checkbox"/> Restrict from assignment requiring strenuous physical activity in excess of hours per day. Allow 10 minute break after each hour. <input type="checkbox"/> Restrict from assignment requiring prolonged crawling, stooping, running, jumping, walking, or standing, in excess of hours per day. Allow 10 minute break after each hour. <input type="checkbox"/> Restrict from assignment requiring lifting of heavy materials in excess of lbs; and/or overhead work in excess of hours per day. Allow 10 minute break after each hour.
PART 2 - LIMITATIONS:	INMATE REQUIRES: <input type="checkbox"/> <u>Bed Rest</u> days. Reason: <input type="checkbox"/> <u>No Duty</u> days. Reason: <input type="checkbox"/> <u>No Yard Call</u> days. Reason: <input type="checkbox"/> <u>No Sports</u> days. Reason: <input type="checkbox"/> <u>One Arm/Hand Duty</u> days.
PART 3 - AUTHORIZATIONS:	INMATE IS AUTHORIZED TO: <input type="checkbox"/> Report to the Infirmary for Special Treatments() <input type="checkbox"/> Soak: <input type="checkbox"/> Exercise: <input type="checkbox"/> Other: <input type="checkbox"/> Bathe in the Infirmary <input type="checkbox"/> Sitz Bath <input type="checkbox"/> Cast <input type="checkbox"/> Other: <input type="checkbox"/> Have in Possession: <input type="checkbox"/> Cane <input type="checkbox"/> Crutches <input type="checkbox"/> Brace: (describe briefly) <input type="checkbox"/> Prescribed Footwear: <input type="checkbox"/> Orthopedic Appliance: (describe briefly) <input checked="" type="checkbox"/> Other: <u>BACK BRACE</u> <input checked="" type="checkbox"/> Go to Dining/Pill Window/Shower Only
This Medical Restriction(s)/Limitation(s)/Special Authorization(s) Starts: <u>03/29/2017</u> <u>03:49:00 PM</u> This Medical Restriction(s)/Limitation(s)/Special Authorization(s) Ends: <u>04/29/2017</u> <u>03:49:00 PM</u>	
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <i>Amanda L. Gray</i> </div> <div style="border-top: 1px solid black; padding-top: 5px;"> Amanda L Gray </div>	Name: <u>Starr, Willie J.</u> DOB: <u>05/26/1966</u> ADC#: <u>109194</u>
Distribution: Original - Medical Jacket	

MSF

Exhibit A-2

ARKANSAS DEPARTMENT OF CORRECTION

Medical Restrictions/Limitations/Special Authorization(s)**MSF-207**

PART 1 - RESTRICTIONS:	RESTRICT INMATE FROM: <input type="checkbox"/> Restrict from assignment requiring strenuous physical activity in excess of hours per day. Allow 10 minute break after each hour. <input type="checkbox"/> Restrict from assignment requiring prolonged crawling, stooping, running, jumping, walking, or standing, in excess of hours per day. Allow 10 minute break after each hour. <input type="checkbox"/> Restrict from assignment requiring lifting of heavy materials in excess of lbs; and/or overhead work in excess of hours per day. Allow 10 minute break after each hour.
PART 2 - LIMITATIONS:	INMATE REQUIRES: * <input type="checkbox"/> <u>Bed Rest</u> days. Reason: <input type="checkbox"/> <u>No Duty</u> days. Reason: <input type="checkbox"/> <u>No Yard Call</u> days. Reason: <input type="checkbox"/> <u>No Sports</u> days. Reason: <input type="checkbox"/> <u>One Arm/Hand Duty</u> days.
PART 3 - AUTHORIZATIONS:	INMATE IS AUTHORIZED TO: <input type="checkbox"/> Report to the Infirmary for Special Treatments() <input type="checkbox"/> Soak: <input type="checkbox"/> Exercise: <input checked="" type="checkbox"/> Other: <u>lower tier/ lower bunk</u> <input type="checkbox"/> Bathe in the Infirmary <input type="checkbox"/> Sitz Bath <input type="checkbox"/> Cast <input checked="" type="checkbox"/> Other: <u>xtra blankets(2) xtr pillow(2) xtra materess</u> <input type="checkbox"/> Have in Possession: <input checked="" type="checkbox"/> Cane <input type="checkbox"/> Crutches <input checked="" type="checkbox"/> Brace: (describe briefly) <u>wrist,knee,back</u> <input checked="" type="checkbox"/> Prescribed Footwear: <u>sz. 12 medical shoes/boots</u> <input checked="" type="checkbox"/> Orthopedic Appliance: (describe briefly) <u>sz 12 insoles</u> <input checked="" type="checkbox"/> Other: <u>double cuff per ADC ploicy</u> * <input type="checkbox"/> Go to Dining/Pill Window/Shower Only
This Medical Restriction(s)/Limitation(s)/Special Authorization(s) Starts: <u>04/06/2015 02:37:00 PM</u> This Medical Restriction(s)/Limitation(s)/Special Authorization(s) Ends: <u>04/04/2016 02:37:00 PM</u>	
<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 300px; height: 40px;"></div> <div> Name: <u>Starr, Willie J.</u> DOB: <u>05/26/1966</u> ADC#: <u>109194</u> </div> </div> <div style="margin-top: 10px;"> Dianna L Locklear Distribution: Original - Medical Jacket </div>	

"Exhibit-B"

ADC HEALTH SERVICE REQUEST FORM

MSF-202C revised 2013

Name (Last, First, MI): <i>Starr Willie J.</i>	ADC #: <i>109194</i>	Date of birth: <i>5-26-66</i>	Barracks: <i>ISO-1 Cell-78</i>	Date of Request <i>05/17/2019</i>
Job Assignment:				
Description of the problem: <i>Need pain meds Renewed / Muscle Relaxers Aspirins I am having a lot more pain in hands and feet since meds ran out...</i>				
I consent to be treated for the above problem. I understand that in accordance with the Department of Correction's policy, I will be charged for healthcare services through deductions of applicable co-payment charges from my resident account, and that if I have insufficient funds to cover the charge, the amount of the co-pay will be set up as an outstanding debt.				
INMATE'S SIGNATURE: <i>Willie J. Starr</i>		DATE: <i>05/17/2019</i>		

FOR MEDICAL USE ONLY				
FACILITY NAME: <i>VSM</i>				
PRIORITY 1: See within 24 hours- emergent need <input type="checkbox"/>	PRIORITY 3: See within 72 hours- routine request <input checked="" type="checkbox"/>			
PRIORITY 2: See within 48 hours- urgent need <input type="checkbox"/>	PRIORITY 4: Face-to-face visit not needed; respond to request in writing <input type="checkbox"/>			
DATE TRIAGED: <i>5-18-19</i>	TRIAGED BY: (NAME) <i>P. Amos</i>		(TITLE) <i>AW</i>	
If the EHR is unavailable, enter nursing sick call notes in this area:				
Vital Signs: BP	Pulse	Temp	Resp	Wt
Protocol Used:				
Subjective: <i>It is too soon to refill pain meds</i>				
Objective:				
Plan: <i>(Never refilled)</i>				
Education:				
Refer to: <input type="checkbox"/> Physician	<input type="checkbox"/> Mid-level	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Dental	<input type="checkbox"/> Other (List):
Medical Staff Name:				
Medical Staff Signature:	Title	Date/time:	Unit	
Inmate Name:	ADC #:	Date of Birth:		

②

(VSM) Exhibit B-1

If your medication is not available please complete this form and drop in sick call box. (There is no charge for using this form)

To: DON/ADON

From: Inmate Name

Willie Starr

ADC#

109194

Bks.

2501

(cell # 8)

Date:

05/28/2019

Re: Medication not available

Muscle Relaxers

Asprins

Please list all medications that are not available.

① Baclofen - Muscle Relaxers

② Asprins (These two pain meds has expired and I need them renewed to help with pain)

<input type="checkbox"/>	Your medication is available for you to pick up at the pill window.
<input type="checkbox"/>	Your medication has expired and you will be referred to the MD/ANP.
<input type="checkbox"/>	A verbal order was obtained to restart your medication.
<input type="checkbox"/>	Your medication is available and will be delivered to you.
<input type="checkbox"/>	You received your medication on _____, and it is too early for it to be reordered.
<input type="checkbox"/>	This form is not a sick call request. You must submit a sick call request in order to be seen by medical staff.
<input type="checkbox"/>	Other: You have been referred to the provider — Attallande

To: Inmate Name

ADC#

Bks.

From: Infirmary Staff's Signature

Date:

Meds - Not - Renewed!

WS

Exhibit B-2

If your medication is not available please complete this form and drop in sick call box. (There is no charge for using this form)

To: DON/ADON

From: Inmate Name

Willie J. Starr

ADCH

109194

Bks.

Iso-1

#8

Date:

06/04/2019

Re: Medication not available

Hemorrhoidal Ointment,

Please list all medications that are not available.

(Until 08/07/2019.)
This medication do not expire, it does not DC.
Which means I have 2 more refills before I have to see the provider, please, reorder this Hemorrhoidal Ointment!!

The section below is to be completed by medical staff. Check appropriate box(es)	
<input type="checkbox"/>	Your medication is available for you to pick up at the pill window.
<input type="checkbox"/>	Your medication has expired and you will be referred to the MD/ANP.
<input type="checkbox"/>	A verbal order was obtained to restart your medication.
<input type="checkbox"/>	Your medication is available and will be delivered to you.
<input type="checkbox"/>	You received your medication on _____, and it is too early for it to be reordered.
<input type="checkbox"/>	This form is not a sick call request. You must submit a sick call request in order to be seen by medical staff.
<input type="checkbox"/>	Other: You have no more refills, you will need to utilize your sick call process, med expires on 6-7-19

To: Inmate Name

ADCH

Bks.

From: Infirmary Staff's Signature

Amy Jones

Date:

I Went through Sick Call and she still did not ReNew Ointment!! ws

2019

To the Health Care Administrator! Exhibit C
 (1 of 2) To Infirmary Manager!
 Request for Interview Inmate Request Form (Medical)

This form is to be used by inmates to contact staff concerning issues they may have. You should allow five (5) working days to receive a response to your request. This is the Varner/Varner Supermax's in-house form

Name: <u>Willie Starr</u>	ADC#: <u>109194</u>	Barracks: <u>Isot/cell</u>	Date: <u>6/20/2019</u>
---------------------------	---------------------	----------------------------	------------------------

Staff Directed to: <u>Health Care Administrator</u>	Office: <u>The Administrator</u>
---	----------------------------------

My Request is directed to the following area: (Check one)

- | | | | |
|---------------------------------------|---|--|--|
| <input type="checkbox"/> Chaplain | <input type="checkbox"/> Classification | <input type="checkbox"/> Commissary | <input type="checkbox"/> Deputy Warden |
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Hobby Craft | <input type="checkbox"/> Laundry | <input type="checkbox"/> Library/Law |
| <input type="checkbox"/> Mailroom | <input checked="" type="checkbox"/> Medical | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Parole |
| <input type="checkbox"/> Property | <input type="checkbox"/> Records | <input type="checkbox"/> SATP | <input type="checkbox"/> Security |
| <input type="checkbox"/> School | <input type="checkbox"/> Visitation | <input type="checkbox"/> Warden | <input type="checkbox"/> Other |

Give a detailed reason for your request: On 05-21-2019, I took a fall in the Cell with (Mario Nelson). I put in a Sick Call Request and was ignored until 5-26-19, when my back began hurting again. I was seen on 5/29/19 by Nurse Galt. I was given aspirin. I continue to hurt so I put in sick call 6/2/19. I was never called. I put in another Sick Call on 6/14/19. Not called. I put in another after I took that (3rd) fall and couldn't feel anything in my lower part of my body. I was seen by LPI Jones and the ADA Mrs Austin. At this time Mrs Bland was informed that I needed to see the doctor. She stated that she would not see me. That was the third time she has denied me medical treatment. She is violating my Eighth Amendment Right to Medical Health Care, due to an old grudge she has against me. Have you spoke to any staff about your request? If Yes, whom did you speak with and when?

Yes: TO OFFICER'S WHOM CARRIED ME TO SICK CALLS and the One Doctor Call where I was ignored by Mrs Bland and was not given any medical treatment...

Inmate signature

Date 6/20/19

Staff Responding:	Date:
-------------------	-------

Response:

Re Sponser on Other Sheet page (4) one

I am referring this to: _____

Cc: _____

Staff Member Signature

Date

Inmate File

(1) of (2)

(My Copy)

(N)

:cc

Exhibit - C1

To. Health Care Administrator!

(1 of 2)
Request for Interview

To. Infirmary Manager. (Medical)
Inmate Request Form

This form is to be used by inmates to contact staff concerning issues they may have. You should allow five (5) working days to receive a response to your request this is the Varner/Varner Supermax's in-house form.

Name: Willie Starr	ADC# 109194	Barracks: 180-7 cell 8	Date: 6/20/2019
--------------------	-------------	------------------------	-----------------

Staff Directed to: Health Care Administrator	Office: The Health Administrator
--	----------------------------------

My Request is directed to the following area: (Check one)

- | | | | |
|---------------------------------------|---|--|--|
| <input type="checkbox"/> Chaplain | <input type="checkbox"/> Classification | <input type="checkbox"/> Commissary | <input type="checkbox"/> Deputy Warden |
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Hobby Craft | <input type="checkbox"/> Laundry | <input type="checkbox"/> Library/Law |
| <input type="checkbox"/> Mailroom | <input checked="" type="checkbox"/> Medical | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Parole |
| <input type="checkbox"/> Property | <input type="checkbox"/> Records | <input type="checkbox"/> SATP | <input type="checkbox"/> Security |
| <input type="checkbox"/> School | <input type="checkbox"/> Visitation | <input type="checkbox"/> Warden | Other _____ |

Give a detailed reason for your request:

On 5/21/19, I took a fall which messed up my back, I put in Sick Call and was ignored. On 5-26-19 when my back began hurting again, I was seen on 5/29/19 by N. Jones who gave me Advil. I continue to hurt so I put in Sick Call 6-2-19 was not seen. put in another Sick Call on 6/14/19, Not Called. After I took that third fall and couldn't feel anything below my waist line, I was seen by N. Jones and the ADON Ms Austin. At this visit, Ms Austin was called and informed that she needed to see me, my knee (leg) and foot was all swollen up. She stated that she had already seen me on the 10th and would be seeing me any more. Now that was her third time denying me Medical treatment, she is being allowed to deny me Medical Health Care because of an old grudge she has against me. See Griev # VSM 18-01605 and VSM 19-01579 as

(Witness M. Nelson)

Have you spoke to any staff about your request? If yes, whom did you speak with and when? Violate my Eighth Amendment Right to Medical Health Care because of an old grudge she has against me. See Griev # VSM 18-01605 and VSM 19-01579 as

Willie Starr
Inmate Signature 6/20/19 Date

Staff Responding:	Date:
-------------------	-------

Response:

You were seen in Sick call on 5/30, 6/4 + 6/18. You were seen by a provider on 6/10 + 6/21. There is no medical indication for treatment. No indication for face to face visit.

I am referring this to: _____

Cc: _____

Staff Member Signature 6/25/19 Date

Inmate File

Starr

:CC

1 of 2

N

16. Health Care Administrator! Exhibit C-2
 (2 of 2) To Infirmary Manager!
 Request for Interview Inmate Request Form (Medical)

This form is to be used by inmates to contact staff concerning issues they may have. You should allow five (5) working Days to receive a response to your request. This is the Varner/Varner Supermax's in-house form.

Name: Willie Stewart ADC#: 109194 Barracks: 130-1/cell 8 Date: 6/20/2019

Staff Directed to: Health Care Administrator Office: H. Care Administrator

My Request is directed to the following area: (Check one)

- | | | | |
|--------------------------------------|---|--|--|
| <input type="checkbox"/> Chaplain | <input type="checkbox"/> Classification | <input type="checkbox"/> Commissary | <input type="checkbox"/> Deputy Warden |
| <input type="checkbox"/> Foodservice | <input type="checkbox"/> Hobby Craft | <input type="checkbox"/> Laundry | <input type="checkbox"/> Library/Law |
| <input type="checkbox"/> Mailroom | <input checked="" type="checkbox"/> Medical | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Parole |
| <input type="checkbox"/> Property | <input type="checkbox"/> Records | <input type="checkbox"/> SATP | <input type="checkbox"/> Security |
| <input type="checkbox"/> School | <input type="checkbox"/> Visitation | <input type="checkbox"/> Warden | <input type="checkbox"/> Other |

Give a detailed reason for your request: My left leg is busted up inside, I can't walk @ all stand or sit, I pray that you'll would not let Bland continue this cruel and unusual punishment. She can not be allowed to continue this maliciously and sarcastically behavior towards me to cause me harm. My back injury has caused my legs not to work, I can't do daily things. I have not had a shower in (11) days due to fact she won't give me a med. Shower Chair. Remember I can't stand, neither of my legs work to hold up my body.
 Have you spoke to any staff about your request? If Yes, whom did you speak with and when? I spoke to a number of the Weight Officer's whom took me to Sick Calls and the One Doctor call that I was allowed to go to. But was Ignored and not given any medical treatment...

Inmate Signature

Date 6/20/19

Staff Responding: Date:

Response:

No Response!

I am referring this to:

Cc:

Staff Member Signature

Date

Inmate File

Stew
 B
 :CC

(2 of 2)
 (my copy)

(One) I Wrote (4) Request for Interview to Ms. F. Washington on 06/28/2019. The (First one) Was asking her and the Classification Committee to Inmate Request Form send me to a handicapped Unit until I had received the proper Medical treatment?

This form is to be used by inmates to contact staff concerning issues they may have. You should allow five (5) working days to receive a response to your request. This is the Varner/Varner Supermax's in-house form

Exhibit C-3

Name: Willie Starr	ADC#: 109194	Barracks: 1 - 20 Cell	Date: 06-28-2019
--------------------	--------------	-----------------------	------------------

Second one Was letting them know that I had not had a Shower in like (39

Staff Directed to:	Office:
--------------------	---------

My Request is directed to the following area: (Check one)

- ☐ Chaplain ☒ Classification ☐ Commissary ☐ Deputy Warden
☐ Food Service ☐ Hobby Craft ☐ Laundry ☐ Library/Law

- ☐ Mailroom ☐ Medical ☐ Mental Health ☐ Parole
☐ Property ☐ Records ☐ SATP ☐ Security
☐ School ☐ Visitation ☐ Warden ☐ Other

3) Third one Was Just plain begging them to have Murcey on me and to look in to my problem and help me figure out what to do about getting the Medical help that I needed.

Give a detailed reason for your request:

(Fourth one) Was begging them to make Medical give me the proper treatment I needed (OR) Send me to a Unit where I could receive that treatment.

I Written to the Director - Wendy Kelley about my Health problem's and my Dis problem

Have you spoke to any staff about your request? If Yes, whom did you speak with and when?

I Spoke to (Mental Health) daily! I Spoke to Sgt. Butler in the hole, I spoke to Lt. Washington while on hunger Strick: Willie Starr
 I Spoke to Many officers who say they could do Nothing to help: 06/28/2019

Inmate signature

Date

Staff Responding:	Date:
-------------------	-------

Response:

No Response!

I am referring this to: _____

Cc: _____

Staff Member Signature

Date

Inmate File

655 Copy's of the things in part that Was Said in the (4) Request for Interviews to Ms. F. Washington and the Classification Committee: 19180 the One's Written to the Director = Ms. Wendy Kelley!

Page
(1) of (2)
Request for Interview
Second Set

To: Health Care Administrator

To: Infirmity Manager

Inmate Request Form

Medical

Exhibit C-4

This form is to be used by inmates to contact staff concerning issues they may have. You should allow five (5) working days to receive response to your request this is the Varner/Varner Supermax's in-house form.

Name: <u>Willie Starr</u>	ADC# <u>109194</u>	Barracks: <u>1/cell 20</u>	Date: <u>07/07/2019</u>
---------------------------	--------------------	----------------------------	-------------------------

Staff Directed to: <u>Ms. Parker</u>	Office: <u>Health Care Administrator</u>
--------------------------------------	--

My Request is directed to the following area: (Check one)

- | | | | |
|---------------------------------------|---|--|--|
| <input type="checkbox"/> Chaplain | <input type="checkbox"/> Classification | <input type="checkbox"/> Commissary | <input type="checkbox"/> Deputy Warden |
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Hobby Craft | <input type="checkbox"/> Laundry | <input type="checkbox"/> Library/Law |
| <input type="checkbox"/> Mailroom | <input checked="" type="checkbox"/> Medical | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Parole |
| <input type="checkbox"/> Property | <input type="checkbox"/> Records | <input type="checkbox"/> SATP | <input type="checkbox"/> Security |
| <input type="checkbox"/> School | <input type="checkbox"/> Visitation | <input type="checkbox"/> Warden | Other _____ |

Give a detailed reason for your request:

I Need to know what is protocol here at this unit, I

as always been my understanding; that when an Inmate is injured and there is this much
wellness, there should be some X-Rays taken. I have been Study Singling Since 06-18-19 when I had
my fourth fall, it was apparent to me then that I had lost all control of my legs and that I could not any
longer stand on my own. When Ms Parker on 06-21-19 Mr Smith promised me X-Rays on my Back, leg
and my knee, and I got nothing done and I got nothing for the pain. A week went by and I said Mr Smith
again on 06-28-19, He looked at my leg and promise again X-Rays again Nothing!! I have been

Have you spoke to any staff about your request? If yes, whom did you speak with and when?

1 straight pain for (50) days; I've been promised X-Rays for the past (18) days; the Nurse's has
told me that the X-Ray man has shown up the past two Wednesdays (Willie Starr 07-07-19
and a few X-Rays and left before 12:00 noon; why was I not Inmate Signature Date
in his list 2-weeks in a Row?? Is it not important to you'll if I lose the Use of my Body?

Staff Responding:	Date:
-------------------	-------

Response:

You were seen by Dr. Smith on 6/21/19 + 6/28/19 regarding
this issue. You were not ordered X-rays with either
visit. Providers are authorized to order what they
medically deem necessary. Please utilize the
sick call process.

I am referring this to: _____

Cc: _____

Stake 7/9/19
Staff Member Signature Date

Inmate File _____

No X-Ray!

10 days
:CC

Exhibit D

SUBJECT: Diagnostic Services No. 515.00

PAGE 4 of 4

Medical Department Notification of Diagnostic Test ResultsInmate Name Starr, WillieADC Number 109194 CB/120

This is to inform you that we have received the results of the following diagnostic test:

EKG: LAB: X-RAY: X Ultrasound: Other: Performed on: 07/17/2019

 Based on the result of your test, you will be scheduled for follow-up with a physician or mid-level practitioner within five working days of this notice. Please check the daily Lay-in list for this appointment.

☒ Based on the result of your test, there is no clinical need for follow-up at this time. To discuss your test results with a member of our health care staff, you may submit a Sick Call Request or request for interview with the Health Services Administrator.

 Lab work was drawn for pending chronic care visit, the result will be discussed with you during your next chronic care visit, unless determined to be critical by the provider.

There will not be a co-pay charge for a scheduled follow-up or a request for interview initiated by you regarding the result of the diagnostic test noted above.


Signature of Physician or Mid-level Practitioner

Date

7/18/19

Copy to Inmate

Copy to Inmate EMR

Hc, Dr. Smith Aaron M. told me that there was nothing wrong with my back and he saw no reason for a Wheel Chair (OR) Shower Chair.

61
Starr

ADC HEALTH SERVICE REQUEST FORM

Name (Last, First, MI):

ADC #:

Date of birth:

Barracks:

Date of Request:

Starr W. H. J 109194 5-26-66 1-20 07/18/2019

Job Assignment: On my last visit to Chronic Care, Ms. bland did not order my Cream!

Description of the problem: Hemorrhoidal Ointment for (3) three months like its uschly done, she only ordered one tube and I've run out and can't get another one without provider's approval or her say so. I really need the Cream!

I consent to be treated for the above problem. I understand that in accordance with the Department of Correction's policy, I will be charged for healthcare services through deductions of applicable co-payment charges from my resident account, and that if I have insufficient funds to cover the charge, the amount of the co-pay will be set up as an outstanding debt.

INMATE'S SIGNATURE:

DATE:

FOR MEDICAL USE ONLY

FACILITY NAME:

Varner Unit

DATE RECEIVED BY MEDICAL DEPT:

7-19-19

PRIORITY 1 :See within 24 hours- emergent need ☐ PRIORITY 3:See within 72 hours- routine request ☐

PRIORITY 2: See within 48 hours- urgent need ☐ PRIORITY 4: Face-to-face visit not needed; respond to request in writing ☒

DATE TRIAGED: 7-19-19 TRIAGED BY: (NAME) Cunningham (TITLE) Lpn

If the EHR is unavailable, enter nursing sick call notes in this area:

Vital Signs: BP

Pulse

Temp

Resp

Wt

Protocol Used:

Subjective:

Objective:

Your Ointment was reordered

Assessment:

Plan:

Never got the Ointment!

Education:

Refer to: [] Physician

[] Mid-level

[] Mental Health

[] Dental

[] Other (List):

Medical Staff Name:

Medical Staff Signature:

Title:

Date/time:

Unit:

Inmate Name:

ADC #:

Date of Birth:

5/1/19

EXHIBIT E-1

If your medication is not available please complete this form and drop in sick call box. (There is no charge for using this form)

To: DON/ADON

From: Inmate Name Willie Starr ADC# 109194 Bks. 1-20Date: 07/18/2019

Re: Medication not available

Hemorrhoidal Ointment

Please list all medications that are not available.

Ms Bland used to order it for a (3) month term, but upon our last Chronic Care Visit, she only ordered one tube. She would usually order it for a (3) month period and not just one month, I need the Cream Daily (CR). Maybe it's time for another Hemorrhoidal Surgery and maybe it will get it this time and solve my Hemorrhoidal problem then I won't have to keep begging Bland to reorder the Ointment...

<input type="checkbox"/>	Your medication is available for you to pick up at the pill window.
<input type="checkbox"/>	Your medication has expired and you will be referred to the MD/ANP.
<input type="checkbox"/>	A verbal order was obtained to restart your medication.
<input type="checkbox"/>	Your medication is available and will be delivered to you.
<input type="checkbox"/>	You received your medication on _____, and it is too early for it to be reordered.
<input type="checkbox"/>	This form is not a sick call request. You must submit a sick call request in order to be seen by medical staff.
<input checked="" type="checkbox"/>	Other: medication placed on medication renewal list. <u>Pending Provider's Approval</u>

To: Inmate Name W. Starr ADC# 109194 Bks. CB-120From: Infirmary Staff's Signature William J. PenDate: 07-18-19

Never got Ointment
ws

150
ms

To: Dr. Aaron M. Smith

Exhibit E-2

ADC HEALTH SERVICE REQUEST FORM

MSF-202C revised 2013

Name (Last, First, MI):	ADC #:	Date of birth:	Barracks:	Date of Request
Starr Willie J.	109194	5-26-64	1-20	08/04/2019

~~reviewed~~ (1) The pain in my back is five times worse; (2) My legs hurt to the point (3) I can't get up out of bed. I get a real sharp pain in my back, then my legs will lock in a position and I can't move for a couple (min) until the ligament in my back and legs decides to release slowly; then I can get up slowly. I still can't stand up (or) I consent to be treated for the above problem. I understand that in accordance with the Department of Correction's policy, I will be charged for healthcare services through deductions of applicable co-payment charges from my resident account, and that if I have insufficient funds to cover the charge, the amount of the co-pay will be set up as an outstanding debt. IF you know something that will help me walk, I am willing to try any walk at all!!

INMATE'S SIGNATURE: *Willie J. Starr* DATE: 08/04/2019 *thing!!*

FOR MEDICAL USE ONLY

FACILITY NAME: _____

PRIORITY 1: See within 24 hours- emergent need ☐ PRIORITY 3: See within 72 hours- routine request ☐

PRIORITY 2: See within 48 hours- urgent need ☐ PRIORITY 4: Face-to-face visit not needed; respond to request in writing ☐

DATE TRIAGED: _____ TRIAGED BY: (NAME) _____ (TITLE) _____

If the EHR is unavailable, enter nursing sick call notes in this area:

Vital Signs: BP _____ Pulse _____ Temp _____ Resp _____ Wt _____

Protocol Used: _____

Subjective: _____

Objective: _____

Plan: *N-Response*

Education: _____

Refer to: [] Physician [] Mid-level [] Mental Health [] Dental [] Other (List): _____

Medical Staff Name: _____

Medical Staff Signature: _____ Title _____ Date/time: _____ Unit _____

Inmate Name: _____ ADC #: _____ Date of Birth: _____

:cc
SD
NBS*My
(copy)*

To: Health Care/Service Administrator!
(Ms. ^{Sondra} Parker)

103

Inmate Request Form

Exhibit E-3

This form is to be used by inmates to contact staff concerning issues they may have. You should allow five (5) working days to receive a response to your request. This is the Varner/Varner Supermax's in-house form.

Name: <u>Willie Starr</u>	ADC#: <u>109194</u>	Arracks: <u>1-20</u>	Date: <u>08/04/2019</u>
---------------------------	---------------------	----------------------	-------------------------

Staff Directed to: <u>Ms. ^{Sondra} Parker</u>	Office: <u>Health Service Administrator</u>
--	---

My Request is directed to the following area: (Check one)

- | | | | |
|---------------------------------------|---|--|--|
| <input type="checkbox"/> Chaplain | <input type="checkbox"/> Classification | <input type="checkbox"/> Commissary | <input type="checkbox"/> Deputy Warden |
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Hobby Craft | <input type="checkbox"/> Laundry | <input type="checkbox"/> Library/Law |
| <input type="checkbox"/> Mailroom | <input checked="" type="checkbox"/> Medical | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Parole |
| <input type="checkbox"/> Property | <input type="checkbox"/> Records | <input type="checkbox"/> SATP | <input type="checkbox"/> Security |
| <input type="checkbox"/> School | <input type="checkbox"/> Visitation | <input type="checkbox"/> Warden | <input type="checkbox"/> Other |

Give a detailed reason for your request:

I have put in Sick Calls on 07/29/2019 - But it was Ignored. I am putting in Another One 8/4/2019. Ms Parker please Under Stand I am not Faulting any one in Medical for what MS Blum has done to me. I really need medical attention. I Need to See Dr. Barnard Crowell. But also I Need an MRI. I Can't get out of bed Some Days. My Back and legs wobble and I can't move until my ligaments decides to release slowly. Ms Parker The PR 833 States that I will be placed in Contact with qualified staff to evaluate and treat my complaint without undue delay. I have not been able to walk since 06/19/2019 and all I've gotten is Discriminating treatment from

Have you spoke to any staff about your request? If yes, whom did you speak with and when?

young Dr Aaron Smith and Nurse LPN Jones. I've been under you'lls Care now for three Mo. Now all I've gotten is a walker that I can't use, and a racial and Discriminatory attitude from them both, neither one of them has shown any real Interest in my Disability (OR) Handicapped Condition. I Need an MRI it will Show the Problem.

Staff Responding:	Date:
-------------------	-------

Response:

You were last seen by a provider on 7/11/19 & there was no indication for an MRI at that time. Please utilize the sick call process for your medical needs.

I am referring this to:

Cc:

Inmate File

Shirley HAT 8/4/19
Staff Member Signature Date

1911
cc

To: Health Care/Service Administrator!
 (Ms. Sondra Parker) **Exhibit E-4**
Inmate Request Form

This form is to be used by inmates to contact staff concerning issues they may have. You should allow five (5) working days to receive a response to your request; this is the Varner/Varner Supermax's in-house form.

Name: <u>Willie Starr</u>	ADC#: <u>109194</u>	Barracks: <u>1-20</u>	Date: <u>08/09/2019</u>
---------------------------	---------------------	-----------------------	-------------------------

Staff Directed to: <u>Ms. Sondra Parker</u>	Office: <u>Health Service Administrator</u>
---	---

My Request is directed to the following area: (Check one)

- | | | | |
|---------------------------------------|---|--|--|
| <input type="checkbox"/> Chaplain | <input type="checkbox"/> Classification | <input type="checkbox"/> Commissary | <input type="checkbox"/> Deputy Warden |
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Hobby Craft | <input type="checkbox"/> Laundry | <input type="checkbox"/> Library/Law |
| <input type="checkbox"/> Mailroom | <input checked="" type="checkbox"/> Medical | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Parole |
| <input type="checkbox"/> Property | <input type="checkbox"/> Records | <input type="checkbox"/> SATP | <input type="checkbox"/> Security |
| <input type="checkbox"/> School | <input type="checkbox"/> Visitation | <input type="checkbox"/> Warden | <input type="checkbox"/> Other |

Give a detailed reason for your request:

I've put in sick call on 07/29/2019, but it was ignored, I am sitting in one 8/4/19! Ms. Parker please understand I am not faulting anyone for what Ms. Bland has done to me. I need medical treatment I need an MRI, I can't get out of bed. Someday my back and legs will hurt. I need to see Dr. Bernard Crowell. It's my ligaments they have crossed up. Ms. Parker the AR 833 states that I will be placed in contact with qualified staff to evaluate my complaint and treat without delay. I have not been able to walk since 6/18/19 and all I've gotten is discrimination treatment from young Dr. Asa Smith and Nurse LPN Jones. I've been under your care now for three months, all I've gotten is a old

Have you spoke to any staff about your request? If yes, whom did you speak with and when?

Walker that I can't use, and Racial and Discriminatory attitude from them both. Neither one of them has shown any real interest in my disability (or) Handicapped condition. I need an MRI, it will show the problem. But

Inmate Signature

Date: 08/09/2019

Staff Responding:	Date:
-------------------	-------

Response:

I am referring this to: _____

Cc: _____

Staff Member Signature _____ Date _____

Inmate File _____

(my copy)

To: Health Care Administrator
(Ms. Sandra Parker)
Exhibit E-5

Inmate Request Form

This form is to be used by inmates to contact staff concerning issues they may have. You should allow five (5) working days to receive response to your request. This is the Varner/Varner Supermax's in-house form

yes I've been sick all through I have other Jones say I have 3 times before in, I can see her (3) I can see a doctor. I don't even need to see a doctor, ASAP

Name: Willie Starr	ADCH: 109194	Barracks: 1-03	Date: 08-09-2019
--------------------	--------------	----------------	------------------

Staff Directed to: Ms. Sandra Parker	Office: Health Care Administrator
--------------------------------------	-----------------------------------

My Request is directed to the following area: (Check one)

- | | | | |
|---------------------------------------|---|--|--|
| <input type="checkbox"/> Chaplain | <input type="checkbox"/> Classification | <input type="checkbox"/> Commissary | <input type="checkbox"/> Deputy Warden |
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Hobby Craft | <input type="checkbox"/> Laundry | <input type="checkbox"/> Library/Law |
| <input type="checkbox"/> Mailroom | <input checked="" type="checkbox"/> Medical | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Parole |
| <input type="checkbox"/> Property | <input type="checkbox"/> Records | <input type="checkbox"/> SATP | <input type="checkbox"/> Security |
| <input type="checkbox"/> School | <input type="checkbox"/> Visitation | <input type="checkbox"/> Warden | <input type="checkbox"/> Other |

Give a detailed reason for your request:

When I first met Dr. Smith on 06-21-19 he promised me that he would get me back on my feet with a (Spinal Shot) of strong medication that would help my legs weakness. I was two months ago, all I've gotten is a lot of talk and promises. One back (X-Ray) and pills that don't even help my pains. He has really shown me very little care. He gave me an old walker. Why when I can't even stand up. NONE! My left leg is still swollen, my knee is twice as big as the right. My left foot is still swollen when I ask him about it. He says focus on my back first. But he don't seem to be focused on any of my medical need. He is doing what he is told by Jones and Apv Bland. He has not decided to treat me on his own doctor's skill yet. Ms Parker I need to see Dr. Barnard Crowell real badly, I am starting to lose control of my Bowel and my pee, I am peeing on myself and not knowing it until I look and see that I am wet with urine. My Back and legs hurt more and more, my legs gets so stiff at times I can't even move, please. Ms Parker help me get the Outside Medical treatment I need. Please!

Staff Responding:	Date: 08/09/2019
Response:	Inmate signature: Willie J. Starr

No Response!

I am referring this to:

Cc:

Inmate File

Staff Member Signature Date

18/10/19
:CC

Inmate Request Form

EXhibit E-6

This form is to be used by inmates to contact staff concerning issues they may have. You should allow five (5) working days to receive a response to your request. This is the Varner/Varner Supermax's in-house form

Name: <u>Willie Starr</u>	ADC#: <u>109194</u>	Barracks: <u>1-03</u>	Date: <u>08/09/2019</u>
---------------------------	---------------------	-----------------------	-------------------------

Staff Directed to: <u>Dr. Aaron M. Smith</u>	Office: <u>Doctor Office</u>
--	------------------------------

My Request is directed to the following area: (Check one)

- | | | | |
|---------------------------------------|---|--|--|
| <input type="checkbox"/> Chaplain | <input type="checkbox"/> Classification | <input type="checkbox"/> Commissary | <input type="checkbox"/> Deputy Warden |
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Hobby Craft | <input type="checkbox"/> Laundry | <input type="checkbox"/> Library/Law |
| <input type="checkbox"/> Mailroom | <input checked="" type="checkbox"/> Medical | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Parole |
| <input type="checkbox"/> Property | <input type="checkbox"/> Records | <input type="checkbox"/> SATP | <input type="checkbox"/> Security |
| <input type="checkbox"/> School | <input type="checkbox"/> Visitation | <input type="checkbox"/> Warden | <input type="checkbox"/> _____ Other |

Give a detailed reason for your request:

When this all started and I first met you on 06-21-19 you promised me a spinal shot of some really strong medication that you said would likely help my leg weakness. Well Sir I am still willing to give the shot as of right now I lost all movement in both my legs and feet. But still my left leg and feet are still swollen and my knee is twice the size of my right knee. I am willing to try anything, but this doing nothing is not going to help me heal, so tell me how much longer am I going to have to wait???

Have you spoke to any staff about your request? If Yes, whom did you speak with and when? Its been (5-4) days since you started

I Need some help to find out what's going on with my back and legs!

treating me for whatever is wrong with me all I've gotten is an X-Ray nothing more. What are we going to do from here. I am asking you to send me to see the (Orthopedics) Dr. Bernard Crowell. He did my back surgery, hopefully he can fix the problem and I'll walk again!!

Staff Responding: _____	Date: _____
-------------------------	-------------

Response:

No Response!

I am referring this to: _____

Cc: _____

Inmate File

Staff Member Signature

Date

30
cc

(no name)

I Need this Fluid off My Body! Exhibit E-7

ADC HEALTH SERVICE REQUEST FORM

MSF-202 C revised 2013

Name (Last, First, MI): <i>Starr Willie J.</i>	ADC #: <i>109194</i>	Date of birth: <i>5-26-66</i>	Barracks: <i>1-D3</i>	Date of Request: <i>08/7/2019</i>
Job Assignment: <i>please people, something is very wrong with me not only do I have</i>				
Description of the problem: <i>one leg-knee-is Swollen. Now both legs are Swollen</i> <i>and it looks like my belly is too. I cant pee so it must be my kidney's</i> <i>is trying to stop working; I have Not had a good pee in over five days, it</i>				
I consent to be treated for the above problem. I understand that in accordance with the Department of Correction's policy, I will be charged for healthcare services through deductions of applicable co-payment charges from my resident account, and that if I have insufficient funds to cover the charge, the amount of the co-pay will be set up as an outstanding debt. <i>hurt to try and pee! Please help... My Body is Hot like</i>				
INMATE'S SIGNATURE: <i>Willie J. Starr</i>		DATE: <i>08/7/2019</i>		

FOR MEDICAL USE ONLY

FACILITY NAME: *Varner Unit*

DATE RECEIVED BY MEDICAL DEPT: _____

PRIORITY 1 :See within 24 hours- emergent need ☐PRIORITY 3:See within 72 hours- routine request ☐PRIORITY 2: See within 48 hours- urgent need ☐PRIORITY 4: Face-to-face visit not needed; respond to request in writing ☐

DATE TRIAGED: _____ TRIAGED BY: (NAME) _____ (TITLE) _____

If the EHR is unavailable, enter nursing sick call notes in this area:

Vital Signs: BP	Pulse	Temp	Resp	Wt
Protocol Used:				

Subjective:

Objective:

Assessment:

Plan:

Education:

Refer to: ☐ Physician ☐ Mid-level ☐ Mental Health ☐ Dental ☐ Other (List):

Medical Staff Name:

Medical Staff Signature: _____ Title: _____ Date/time: _____ Unit: _____

Inmate Name: _____ ADC #: _____ Date of Birth: _____

(My Copy)

EXHIBIT E-8

JAIL HEALTH SERVICE REQUEST FORM

MSF-202 C revised 2013

Name (Last, First, MI): Starr William J. ADC #: 109194 Date of birth: 5-26-66 Barracks: 1-03 Date of Request: 10-07-2019

Description of the problem: Can we please get an X-Ray on my left knee and leg?
My left leg and knee hurts with any kind of move-
ment; There is something very serious going on inside of the knee
I've tried and tried but it won't hold any weight on it.

I consent to be treated for the above problem. I understand that in accordance with the Department of Correction's policy, I will be charged for healthcare services through deductions of applicable co-payment charges from my resident account, and that if I have insufficient funds to cover the charge, the amount of the co-pay will be set up as an outstanding debt.

PATIENT'S SIGNATURE:

DATE:

FOR MEDICAL USE ONLY

FACILITY NAME:

DATE RECEIVED BY MEDICAL DEPT:

PRIORITY 1 :See within 24 hours- emergent need ☐PRIORITY 3:See within 72 hours- routine request ☐PRIORITY 2: See within 48 hours- urgent need ☐PRIORITY 4: Face-to-face visit not needed; respond to request in writing ☐

DATE TRIAGED:

TRIAGED BY: (NAME)

(TITLE)

If the EHR is unavailable, enter nursing sick call notes in this area:

Vital Signs: BP

Pulse

Temp

Resp

Wt

Protocol Used:

Subjective:

Objective:

Assessment:

Plan:

Location:

Referral to: ☐ Physician☐ Mid-level☐ Mental Health☐ Dental☐ Other (List):

Medical Staff Name:

Medical Staff Signature:

Title:

Date/time:

Unit:

Patient Name:

ADC #:

Date of Birth:

(1/6)
copy
iCC(my
copy) WS

Infirmary Records

Exhibit E-9

Inmate Request Form

This form is to be used by inmates to contact staff concerning issues they may have. You should allow five (5) working days to receive a response to your request. This is the Varner/Varner Supermax's in-house form

Name: <u>Willie Starn</u>	ADC#: <u>109194</u>	Barracks: <u>1-03</u>	Date: <u>10-11-2019</u>
---------------------------	---------------------	-----------------------	-------------------------

Staff Directed to: <u>Records</u>	Office: <u>Records Office</u>
-----------------------------------	-------------------------------

My Request is directed to the following area: (Check one)

- | | | | |
|---------------------------------------|---|--|--|
| <input type="checkbox"/> Chaplain | <input type="checkbox"/> Classification | <input type="checkbox"/> Commissary | <input type="checkbox"/> Deputy Warden |
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Hobby Craft | <input type="checkbox"/> Laundry | <input type="checkbox"/> Library/Law |
| <input type="checkbox"/> Mailroom | <input checked="" type="checkbox"/> Medical | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Parole |
| <input type="checkbox"/> Property | <input checked="" type="checkbox"/> Records | <input type="checkbox"/> SATP | <input type="checkbox"/> Security |
| <input type="checkbox"/> School | <input type="checkbox"/> Visitation | <input type="checkbox"/> Warden | <input type="checkbox"/> Other |

Give a detailed reason for your request:

Review
I Need to look at my Medical Jacket
I Want to See the X-Rays of my Back the pictures of
my Spine and the Rods and Screws and what all they are
attached to.

Have you spoke to any staff about your request? If Yes, whom did you speak with and when?

"yes," I talked to Lpn Jones On Sick Call on 10-07-2019

Willie Starn 10-11-2019

Inmate signature

Date

Staff Responding:	Date:
-------------------	-------

Response:

No Response!

I am referring this to: _____

Cc: _____

Staff Member Signature

Date

Inmate File

FEZ
10/15
:CC

Infirmity Records

Exhibit E-10

Inmate Request Form

Name: Willie Stur HAC# 100194 Branch: 1-03 Date: 10-11-2019

Staff Directed to: Records Office: Record Office

Medical ✓
Records ✓

Detailed reason for request: I Want to Review my Medical Jacket to See X-Rays of my Back Where I had the (4) Surgeries. To See What all those Pins, Screws, and parts are attached to in my Body, Because I feel a pull in Areas of my body that's Strange and Shouldn't be. I Sometimes Wake up and Can not Move my "lower body" for (30 min to an hour) I be Stiff as a IRON door.

Who did I speak to about this request? I talked to LPN Jones, ON Sick Call 10-07-2019.

Willie Stur 10-11-2019

Staff Responding:

Date:

No Response

CC

(my Copy)

Infirmory Records

Exhibit E-11

Inmate Request Form

This form is to be used by inmates to contact staff concerning issues they may have. You should allow five (5) working days to receive a response to your request. This is the Varner/Varner Supermax's in-house form

Name: <u>Willie Starr</u>	ADC#: <u>109194</u>	Barracks: <u>1-03</u>	Date: <u>10-11-2019</u>
---------------------------	---------------------	-----------------------	-------------------------

Staff Directed to: <u>Records</u>	Office: <u>Record Office</u>
-----------------------------------	------------------------------

My Request is directed to the following area: (Check one)

- | | | | |
|---------------------------------------|---|--|--|
| <input type="checkbox"/> Chaplain | <input type="checkbox"/> Classification | <input type="checkbox"/> Commissary | <input type="checkbox"/> Deputy Warden |
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Hobby Craft | <input type="checkbox"/> Laundry | <input type="checkbox"/> Library/Law |
| <input type="checkbox"/> Mailroom | <input checked="" type="checkbox"/> Medical | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Parole |
| <input type="checkbox"/> Property | <input checked="" type="checkbox"/> Records | <input type="checkbox"/> SATP | <input type="checkbox"/> Security |
| <input type="checkbox"/> School | <input type="checkbox"/> Visitation | <input type="checkbox"/> Warden | <input type="checkbox"/> _____ Other |

Give a detailed reason for your request:

I Want to Review Medical Ticket, to See
X-Rays and Pictures of my Surgery. To See What all those
Bods and Screws are attached to ~~my~~ my Body.

Have you spoke to any staff about your request? If Yes, whom did you speak with and when?

"Yes," I Talked to Lpn Jones On Sick Call ON 10-07-2019!
Willie Starr 10-11-2019

Inmate signature

Date

Staff Responding:	Date:
-------------------	-------

Response:

No Response!

I am referring this to: _____

Cc: _____

Staff Member Signature

Date

Inmate File

170
 10/15
 :CC

Exhibit E-12

ADC HEALTH SERVICE REQUEST FORM

MSF-202 C revised 2013

Name (Last, First, MI): <u>Starr, Willie</u>	ADC #: <u>109194</u>	Date of birth: <u>05-26-66</u>	Barracks: <u>CB-103</u>	Date of Request: <u>10-19-19</u>
Job Assignment: <u>Ext. Restrictive Housing</u>				
Description of the problem: <u>I am having back pain, leg pain, & pelvis pain.</u>				
I consent to be treated for the above problem. I understand that in accordance with the Department of Correction's policy, I will be charged for healthcare services through deductions of applicable co-payment charges from my resident account, and that if I have insufficient funds to cover the charge, the amount of the co-pay will be set up as an outstanding debt.				
INMATE'S SIGNATURE: <u>[Signature]</u>			DATE: <u>10-19-19</u>	

FOR MEDICAL USE ONLY				
FACILITY NAME: <u>Varner Unit</u>				
DATE RECEIVED BY MEDICAL DEPT: <u>10-19-19</u>				
PRIORITY 1 :See within 24 hours- emergent need <input type="checkbox"/>		PRIORITY 3:See within 72 hours- routine request <input type="checkbox"/>		
PRIORITY 2: See within 48 hours- urgent need <input checked="" type="checkbox"/>		PRIORITY 4: Face-to-face visit not needed; respond to request in writing <input checked="" type="checkbox"/>		
DATE TRIAGED: <u>10-19-19</u>		TRIAGED BY: (NAME) <u>P. Umast</u>		(TITLE) <u>Mr</u>
If the EHR is unavailable, enter nursing sick call notes in this area:				
Vital Signs: BP	Pulse	Temp	Resp	Wt
Protocol Used:				
Subjective:				
<u>you have been placed on the providers list</u>				
Objective:				
Assessment:				
<u>Got No Treatment, Just</u>				
Plan:				
<u>More talk // from Dr. A. Smith</u>				
Education:				
Refer to: <input type="checkbox"/> Physician <input type="checkbox"/> Mid-level <input type="checkbox"/> Mental Health <input checked="" type="checkbox"/> Dental <input type="checkbox"/> Other (List):				
Medical Staff Name:				
Medical Staff Signature:		Title:	Date/time:	Unit:
Inmate Name:		ADC #:	Date of Birth:	

15/15
:CC

Ms. Parker

Infirmary copy

EXHIBIT E-13

Ms. Parker

Request for Interview

If your medication is not available please complete this form and drop in sick call box. (There is no charge for using this form)

To: (Ms. Parker) "HCA"

To: DONADON

From: Inmate Name

Willie Starr

ADC#

109194

Bks.

1-03

Date:

11-14-2019

Re:

Medication not available

(Hemorrhoidal Ointment).

Diabetic Readings

1-10-19 (97)

1-11-19 (104)

1-12-19 (160)

1-13-19 (95)

1-14-19 ()

Ms. Parker I was called to Doctor Call on 11-07-19, I saw Ms. Bland she asked me could I talk and that's all she said to me, I asked her to please list all medications that are not available. I ordered my Ointment, she said it would cost me \$3.00 co-pay (which she did) charge me, but I never got the Ointment. That night nurse Johnson who is Diabetic Call asked me why was Ms. Bland raising my Insulin again? I don't understand that because my Sugar Readings has been good for a long time now, so why did she keep raising the dosage? She never discuss it with me to let me know what's going on. This could put me in a (Diabetic Coma) if I had taken that much Insulin (60) with my Readings being this low already...

The section below is to be completed by medical staff. (Check appropriate box(es))	
<input type="checkbox"/>	Your medication is available for you to pick up at the pill window.
<input type="checkbox"/>	Your medication has expired and you will be referred to the MD/ANP.
<input type="checkbox"/>	A verbal order was obtained to restart your medication.
<input type="checkbox"/>	Your medication is available and will be delivered to you.
<input type="checkbox"/>	You received your medication on _____, and it is too early for it to be reordered.
<input type="checkbox"/>	This form is not a sick call request. You must submit a sick call request in order to be seen by medical staff.
<input type="checkbox"/>	Other:

You were seen in provider call on 11/14/19 by Ms. Bland. There was no co-pay charge - your insulin wasn't changed.

To:

Inmate Name

ADC#

Bks.

From:

Infirmary Staff's Signature

[Signature]

Date:

11/18/19

That's a lie!

They also gave me back the \$3.00 co-pay after I filed a grievance on it...

:cc

"Health Care Administrator"

Inmate Request Form

Exhibit E-14

This form is to be used by inmates to contact staff concerning issues they may have. You should allow five (5) working days to receive a response to your request. This is the Varner/Varner Supermax's in-house form

Name: <u>Willie Starr</u>	ADC#: <u>109194</u>	Barracks: <u>1-03</u>	Date: <u>12/01/2019</u>
---------------------------	---------------------	-----------------------	-------------------------

Staff Directed to: <u>Ms. Parker</u>	Office: <u>"HCA"</u>
--------------------------------------	----------------------

My Request is directed to the following area: (Check one)

- | | | | |
|---------------------------------------|---|--|--|
| <input type="checkbox"/> Chaplain | <input type="checkbox"/> Classification | <input type="checkbox"/> Commissary | <input type="checkbox"/> Deputy Warden |
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Hobby Craft | <input type="checkbox"/> Laundry | <input type="checkbox"/> Library/Law |
| <input type="checkbox"/> Mailroom | <input checked="" type="checkbox"/> Medical | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Parole |
| <input type="checkbox"/> Property | <input type="checkbox"/> Records | <input type="checkbox"/> SATP | <input type="checkbox"/> Security |
| <input type="checkbox"/> School | <input type="checkbox"/> Visitation | <input type="checkbox"/> Warden | <input type="checkbox"/> Other |

Give a detailed reason for your request:

Ms. Parker I was told by Nurse Jones Lpn that I am scheduled to see Dr. William P. Scott; therefore I don't need to put in Sick Call. I implore you as (HCA) to order that I have X-Rays done on my left Hip and on my left and Right Knees. Dr. Scott told me on 10-25-2019 that he would not be around long enough to Address all of my problem. I am in Constant Pain in my Hip and Knees. I believe that my left Hip is out of place. I feel the Hip Bone in a position that it should not be. I Can't Sleep and it hurts to lay on it and to turn over in Bed. We already know I have a hole in Spinal Cord Need Surgery. Nurse King on 11-17-2019 and Nurse Jones Lpn they both tells me I am scheduled to see Dr. Scott who is Only addressing my Diabetic Nerve pain! I am begging you to order X-Rays on my left hip and Both my Knees. This pain has gotten Unbearable.

Inmate signature Willie Starr Date 12/01/2019

Staff Responding:

Date:

Response:

I am referring this to: _____

Cc: _____

Staff Member Signature

Date

Inmate File

:CC

(Mine copy)

Please Respond!!!

JAIL HEALTH SERVICE REQUEST FORM

MSF-202 C revised 2013

Name (Last, First, MI): Starr Willie J. ADC #: 109194 Date of birth: 5-26-66 Barracks: 1-03 Date of Request: 12/09/2019

Chief Complaint: I Can't Stand and Walk because of my left "hip bone" out of place;
 Description of the problem: and my "Knees" has something Major Wrong With them, I need
an X-Ray On my (Hip Joint) and (Knees) I'll Never be able to Walk if I
don't get my Hip and Knees fixed on, Also my Feet Still Burns from the
 consent to be treated for the above problem. I understand that in accordance with the Department of Correction's policy, I will be charged for healthcare services through
 reductions of applicable co-payment charges from my resident account, and that if I have insufficient funds to cover the charge, the amount of the co-pay will be set up as
 an outstanding debt.

Diabetic Nerve pains:

PATIENT'S SIGNATURE:

DATE:

FOR MEDICAL USE ONLY

FACILITY NAME:

DATE RECEIVED BY MEDICAL DEPT:

PRIORITY 1: See within 24 hours- emergent need ☐PRIORITY 3: See within 72 hours- routine request ☐PRIORITY 2: See within 48 hours- urgent need ☐PRIORITY 4: Face-to-face visit not needed; respond to request in writing ☐

DATE TRIAGED:

TRIAGED BY: (NAME)

(TITLE)

If the EHR is unavailable, enter nursing sick call notes in this area:

Vital Signs: BP

Pulse

Temp

Resp

Wt

Protocol Used:

Subjective:

Objective:

Assessment:

Plan:

Location:

Referral to: ☐ Physician☐ Mid-level☐ Mental Health☐ Dental☐ Other (List):

Medical Staff Name:

Medical Staff Signature:

Title:

Date/time:

Unit:

Patient Name:

ADC #:

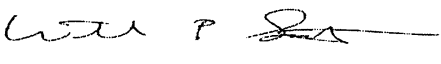
Date of Birth:

:cc

Exhibit - F

ARKANSAS DEPARTMENT OF CORRECTION

Medical Restrictions/Limitations/Special Authorization(s)**MSF-207**

PART 1 - RESTRICTIONS:	RESTRICT INMATE FROM: <input type="checkbox"/> Restrict from assignment requiring strenuous physical activity in excess of hours per day. Allow 10 minute break after each hour. <input type="checkbox"/> Restrict from assignment requiring prolonged crawling, stooping, running, jumping, walking, or standing, in excess of hours per day. Allow 10 minute break after each hour. <input type="checkbox"/> Restrict from assignment requiring lifting of heavy materials in excess of lbs; and/or overhead work in excess of hours per day. Allow 10 minute break after each hour.
PART 2 - LIMITATIONS:	INMATE REQUIRES: * <input type="checkbox"/> Bed Rest days. Reason: <input type="checkbox"/> No Duty days. Reason: <input type="checkbox"/> No Yard Call days. Reason: <input type="checkbox"/> No Sports days. Reason: <input type="checkbox"/> One Arm/Hand Duty days.
PART 3 - AUTHORIZATIONS:	INMATE IS AUTHORIZED TO: <input type="checkbox"/> Report to the Infirmary for Special Treatments() <input type="checkbox"/> Soak: <input type="checkbox"/> Exercise: <input type="checkbox"/> Other: <input type="checkbox"/> Bathe in the Infirmary <input type="checkbox"/> Sitz Bath <input type="checkbox"/> Cast <input type="checkbox"/> Other: <input checked="" type="checkbox"/> Have in Possession: <input type="checkbox"/> Cane <input type="checkbox"/> Crutches <input type="checkbox"/> Brace: (describe briefly) <input type="checkbox"/> Prescribed Footwear: <input type="checkbox"/> Orthopedic Appliance: (describe briefly) <input checked="" type="checkbox"/> Other: <u>WHEELCHAIR</u> * <input type="checkbox"/> Go to Dining/Pill Window/Shower Only
This Medical Restriction(s)/Limitation(s)/Special Authorization(s) Starts: <u>10/25/2019</u> <u>11:44:00 AM</u> This Medical Restriction(s)/Limitation(s)/Special Authorization(s) Ends: <u>02/24/2020</u> <u>11:44:00 AM</u>	
 William P Scott Distribution: Original - Medical Jacket	Name: <u>Starr, Willie J.</u> DOB: <u>05/26/1966</u> ADC#: <u>109194</u>

Dr. William Scott
Gave me the
Wheel Chair!

Seen Dr. William P Scott on the 15th of October 2019 and he looked at my Back X-Ray. He Say he has no Idea Why I had not been getting the medical treatment that I needed... for my Catapinton. Noon and at night. Was not a blue pill - for pain... I have a spinal fraction in my Back. ~~fraction in my spine~~ fraction in my spinal Column, a separate fragment of Bone, to break.

My Copy Exhibit - E-16

If your medication is not available please complete this form and drop in sick call box. (There is no charge for using this form)

To: (Ms. Parker) "HCA"

To: DONATION

From: Inmate Name Willie Starr ADC# 10919 Bks. 1-03

Date: 11-19-2019

Re: Medication not available

(Hemorrhoidal Ointment) Ms Parker I saw Ms Blund on

Diabetic Readings
1-10-19 (97)
1-11-19 (104)
1-12-19 (160)
1-13-19 (98)

Please list all medications that are not available.
Doctor Call 11/07/2019, She asked me could I walk and that was all she asked of me. I asked her to re-order my Hemorrhoidal Ointment and she said she would have to charge me \$3.00 (which she did) But I never got the Ointment... That night the nurse who came to check my sugar, Nurse Johnson asked me why have Ms Blund raised my Insulin again? I don't know because my sugar has been good for a long while. So why keep raising my dosage? And the bad part is she never even take to me about it, never even letting me know that it's been raised, which could of put me in a (Diabetic Coma) if I had taken that much Insulin (60mg)...

The section below is to be completed by medical staff. Check appropriate box(s)	
<input type="checkbox"/>	Your medication is available for you to pick up at the pill window.
<input type="checkbox"/>	Your medication has expired and you will be referred to the MD/ANP.
<input type="checkbox"/>	A verbal order was obtained to restart your medication.
<input type="checkbox"/>	Your medication is available and will be delivered to you.
<input type="checkbox"/>	You received your medication on _____, and it is too early for it to be reordered.
<input type="checkbox"/>	This form is not a sick call request. You must submit a sick call request in order to be seen by medical staff.
<input type="checkbox"/>	Other:

To: Inmate Name _____ ADC# _____ Bks. _____

From: Infirmary Staff's Signature _____

Date: _____

EXHIBIT E-17

JAIL HEALTH SERVICE REQUEST FORM

MSF-202 C revised 2013

Name (Last, First, MI):

ADC #:

Date of birth:

Barracks:

Date of Request:

Starr Willie J 109194 5-26-66 1-03 11-19-2019

~~Assignment:~~ This pain in my back has only gotten worse and the pain in my left (Hip) and (Knee) from past falls. I still need X-Rays. On my left hip and knee, the pain won't go away which tells me something is mighty wrong. It's been (7) Seven Months long and still no X-Rays to consent to be treated for the above problem. I understand that in accordance with the Department of Correction's policy, I will be charged for healthcare services through deductions of applicable co-payment charges from my resident account, and that if I have insufficient funds to cover the charge, the amount of the co-pay will be set up as an outstanding debt. Find out what the problem is and why so much pain, which also is why I can not stand or walk.

PATIENT'S SIGNATURE:

DATE:

FOR MEDICAL USE ONLY

FACILITY NAME:

Varner Unit

DATE RECEIVED BY MEDICAL DEPT: _____

PRIORITY 1 : See within 24 hours- emergent need ☐PRIORITY 3: See within 72 hours- routine request ☐PRIORITY 2: See within 48 hours- urgent need ☐PRIORITY 4: Face-to-face visit not needed; respond to request in writing ☐

DATE TRIAGED: _____

TRIAGED BY: (NAME) _____

(TITLE) _____

If the EHR is unavailable, enter nursing sick call notes in this area:

Vital Signs: BP

Pulse

Temp

Resp

Wt

Protocol Used:

Subjective:

Objective:

Assessment:

Plan:

Location:

Referred to: ☐ Physician☐ Mid-level☐ Mental Health☐ Dental☐ Other (List):

Medical Staff Name:

Medical Staff Signature:

Title:

Date/time:

Unit:

Patient Name:

ADC #:

Date of Birth:

Starr Willie J
:cc

UNIT LEVEL GRIEVANCE FORM (Attachment)

Unit/Center Varner UnitName Willie StarrADC# 109194 Brks # ISOL Cell # Job Assignment Medical

FOR OFFICE USE ONLY

GRV. # VSM 19-21579Date Received: 6-13-19GRV. Code #: 600(Date) STEP ONE: Informal Resolution 06/10/19(Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.) 06/11/19If the issue was not resolved during Step One, state why: Pain pills are not helping, IOrthopedics whom put these parts in my back. Something has to(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: have come a loss in my back, I am in to much pain.Is this Grievance concerning Medical or Mental Health Services? Medical If yes, circle one: medical or mentalBRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): To Health Case Administrator I havedone everything I was told to do and I am not able to receive any medical treatment from medical. APN Bland refused me medical treatment on 06/10/2019, Officer's Sergeant L. Smith and Corporal Taylor took me to Doctor Call because I can hardly walk, my back is hurting real bad and its affecting my legs to the point where I fall down if I don't catch myself, my legs just gives out without warning. On my medical visit on 6/10/19 APN Bland refused to examine me, she stated that I needed no pain meds; that she would send me some Hemorrhoidal Ointment and walked away. I don't want pain meds, I need to see the Orthopedics who did these (4) four surgeries on my back it feels as if something has come apart in my back, Dr. Crowell said it would never happen, but I believe he was wrong because this pain in my back and this weakness in my legs tell me that something has gone all wrong. Please, help me get the medical treatment that I need before I do fall on a break some of these old bones that will never heal back!! Please help me, I am in so much pain. APN Bland refused me any type of examination, my witnesses are - Sgt L. Smith and Col Taylor. She has an personal Grudge against me from Tucker Max Unit, so she refuses me the medical treatment.Inmate Signature Willie Starr #109194Date 06/10/2019Received ment...

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 6-10-19 (date), and determined to be Step One and/or an Emergency Grievanceyes (Yes or No). This form was forwarded to medical or mental health? (Yes or No) yes Name of the person in that department receiving this form: Dawell Date 6/11/19PRINT STAFF NAME (PROBLEM SOLVER) J. SadID Number 71205Staff Signature [Signature]Date Received 6/11/19Describe action taken to resolve complaint, including dates: Providers are authorized to order what they deem medically appropriate. Mrs. Bland APN noted subjective of a complaint of Orbach lower extremity numbness. She was ordered Hemorrhoidal Ointment and hydrocortisone cream.Staff Signature & Date Returned [Signature] 6/11/19Inmate Signature & Date Received Willie Starr 06/11/2019This form was received on 6-12-19 (date), pursuant to Step Two Is it an Emergency? Yes (Yes or No).Staff Who Received Step Two Grievance: [Signature] Date: 6-12-19Action Taken: 13 (Forwarded to Grievance Officer/Warden/Other) Date: 6-12-19If forwarded, provide name of person receiving this form: [Signature] Date: 6-12-19

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE - Grievance Officer; ORIGINAL - Given back to Inmate after Completion of Step One and Step Two.

IGTT420
3GH

Attachment IV

INMATE NAME: Starr, Willie J.ADC #: 109194BGRIEVANCE #: VSM19-01579

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(601) Your 6/10/19 grievance has been received and reviewed as well as your medical record to determine if medically necessary health care, as determined by your health care providers, has been provided to you. You grieved Ms. Bland refused you medical treatment on 6/10/19. You state you need to see the orthopedic doctor who did your surgery.

Review of your record shows you were seen by Ms. Bland 6/10/19 for complaint of numbness to both legs and a request for hemorrhoid cream renewal. Ms. Bland noted, "Ext: posture is leaning forward on his walker, he requires no assist c positioning. He states that his legs were giving out all the way from his cell. The report from Security is that he ambulated the whole way with assist of his walker only--no difficulty. he participates in no way with the msk exam. He is then indicating to Security that he is unable to use his walker to ambulate back to his cell. he was returned to his cell in the restraint chair." You were ordered hydrochlorothiazide 12.5mg once daily and hemorrhoid ointment. There is no documentation to support you had vital signs taken for your 6/10/19 provider call.

Providers are authorized to order treatment they deem medically appropriate based on their clinical judgment, including consults for outside providers. However, due to the lack of documentation to support vitals being taken for your 6/10/19 provider call, your grievance has merit. Staff will be educated on importance of obtaining vital signs.

Received

Sondra Parker

JUL 22 2019

had merit!

Deputy Director
Health & Correctional Programs

Signature of Health Services
Administrator/Mental Health Supervisor or
Designee

Sondra L Parker07/12/2019

Title

Date

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

I would let this go, But the Apn Ms Bland has been doing all she can to see me suffer, this personal Grudge she has for me has clouded any professional Judgement. This is not the first time Officers Taylor and Sgt. L. Smith has witnessed her "mis-treatment of me" as a person and patient and states they would be glad to witness for me. She has never once Examen me and she never listen to my Complaint before she shut me up and tells the Officers, Im through with him take him on back to his cell. I tried to explain to her the pain I was feeling but she refused to listen and kept cutting me short in my speech. Under Stand

This is if you want; this goes back years of her holding a grudge and her grudge has caused me months of pain and suffering. I told her that if she didn't do something to help find the problem that it would lead to something much worse I could break something; she laughed and said well at least I can walk. I said "oh" you're so low down, Col. Taylor said not to say anything else, just write it up, so I did. If you check records you will see that she takes everything any outside doctor prescribes for me, I have Rods/Screws in my back and the surgeon prescribed 2-Mates to ease the pain, a back brace and a lower T12/L5 bun so I wouldn't have to climb up top and hurt myself. She took every special restriction strip I had and told me to get them back if I could. Her Grudge has caused me months of pain and suffering...

She don't deserve to practice
"Medicine"!

ADC#: 109194

Date

07/15/2019

Inmate Signature

Phillip J. Starn #109194

Received

JUL 22 2019

Deputy Director
Health & Correctional Programs

Exhibit
G-2
14X3

(B)
Starn

IGTT430
3GD

Attachment VI

INMATE NAME: Starr, Willie J.

ADC #: 109194

GRIEVANCE#: VSM19-01579

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

On June 10, 2019, you grieved APN Bland refused to treat you today. You stated you were being seen for your complaints of back pain to the point where you cannot walk without falling. You stated APN Bland refused to examine you, stated you did not need pain medication, said she would send you some hemorrhoid cream, and walked away. You stated you do not want pain medication; you want to see the orthopedist who did surgery on your back.

The medical department responded, "Review of your record shows you were seen by Ms. Bland 6/10/19 for complaint of numbness to both legs and a request for hemorrhoid cream renewal. Ms. Bland noted, "Ext: posture is leaning forward on his walker, he requires no assist c positioning. He states that his legs were giving out all the way from his cell. The report from Security is that he ambulated the whole way with assist of his walker only--no difficulty. he participates in no way with the msk exam. He is then indicating to Security that he is unable to use his walker to ambulate back to his cell. he was returned to his cell in the restraint chair." You were ordered hydrochlorothiazide 12.5mg once daily and hemorrhoid ointment. There is no documentation to support you had vital signs taken for your 6/10/19 provider call. Providers are authorized to order treatment they deem medically appropriate based on their clinical judgment, including consults for outside providers. However, due to the lack of documentation to support vitals being taken for your 6/10/19 provider call, your grievance has merit. Staff will be educated on importance of obtaining vital signs."

Your appeal states APN Bland has been doing all she can to make you suffer and this personal grudge she has against you is clouding her professional judgment. You state Officer Taylor and Sergeant L. Smith have witness her mistreatment of you and state they would be glad to witness for you. You state she has never examined you or listened to your complaint. You state her grudge has caused you months of pain and suffering.

As stated by the medical department, APN Bland treated you per her clinical judgment. Disagreeing with a treatment plan is not the same as receiving no treatment. I encourage you to utilize the sick call process if you feel you need further assistance for your medical needs.

This appeal is without merit.

Director

Date

8/29/19

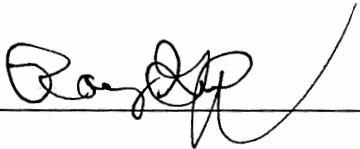



Exhibit B-3
8-29-19

UNIT LEVEL GRIEVANCE FORM (Attachment)

Unit/Center Varnet UnitName Willie L. StarrADC# 109194Brks # ISO-1Job Assignment Cell 8

FOR OFFICE USE ONLY

GRV. # 15m19-01425Date Received: 6-11-19GRV. Code #: 600

6/10/19 (Date) STEP ONE: Informal Resolution

6/14/19 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why:

I Need to See the Orthopedic Who done my Surgery at Crowell.

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why:

Deputy Director

Is this Grievance concerning Medical or Mental Health Services? Yes If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print):

I have followed protocol and procedure for Medical treatment, I went through Sick Call twice, I paid my \$6.00 and I waited (13) days to see Apn Bland. ON 06/10/2019 Officer's Sergeant L. Smith and Cpl. Taylor took me to doctor Call, (But) Apn Bland refused to examine me. She stated something about sending me some Ointment and walked away. (I tried to explain my pains, She ignored me. I tried to get up to leave but I couldn't get up on my own so Officer Taylor went and got a restraint chair to wheel me back to my cell. Apn. Bland is holding an old grudge against me from Tucker Max Unit where she gave me a wrong diagnosis while she was drunk. I told the Warden and she was sent away from the Unit. Now she takes every opportunity she can to make me suffer in pain. The AD 93:18 states that I have an urgent medical need defined as a worsening of an ongoing health situation; an injury that could become life threatening. An health situation causing considerable discomfort without you losing life or limbs; In similar situation a prudent would seek prompt medical attention. Sir, I am in so much pain and I can't stand without help and the faller and it took me way to long to get up due to the pain in my back and my legs..

Inmate Signature

Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 6-11-19 (date), and determined to be Step One and/or an Emergency Grievance

No (Yes or No). This form was forwarded to medical or mental health? Yes (Yes or No). If yes, name of the person in that department receiving this form: Sgt. Garcia Date 6/13/19

PRINT STAFF NAME (PROBLEM SOLVER) Sgt. Garcia ID Number 90495 Staff Signature [Signature] Date Received 6-11-19

Describe action taken to resolve complaint, including dates: Your grievance was forwarded to medical from Warden Gibson's office. Apn. Bland noted "posture is leaning forward on his walker, he requires assistance with positioning. He stated that his leg were giving out all the way from his cell. The report from security is that he ambulated the whole way with assist of his walker only. No difficulty. Dr. [Signature] 6/14/19 Willie StarrStaff Signature & Date Returned [Signature] 6/14/19 Inmate Signature & Date Received Willie Starr 6/14/19This form was received on 15 June 19 (date), pursuant to Step Two Is it an Emergency? No (Yes or No).Staff/Who Received Step Two Grievance: Sgt. B. [Signature] Date: 15 June 19Action Taken: FORWARDED (Forwarded to Grievance Officer/Warden/Other) Date: 6/18/19If forwarded, provide name of person receiving this form: Dr. [Signature] Date: 6/18/19

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE - Grievance Officer; ORIGINAL - Given back to Inmate after Completion of Step One and Step Two.

CBO1/120

IGTT420
3GH

Attachment IV

INMATE NAME: Starr, Willie J.ADC #: 109194BGRIEVANCE #: VSM19-01605

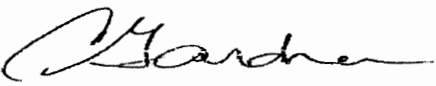
HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(601) You grieved on June 10, 2019, that you followed the sick call process twice, paid \$6.00 and waited thirteen (13) days to see Ms. Bland, APN, but she refused to examine you after being escorted by Sgt. L. Smith and Corporal Taylor. You state she said something about sending some ointment and walked away. You state you tried to explain your discomfort but she ignored you and that she is holding an old grudge against you. You state you are in so much pain and can't stand without help.

You were seen June 4, at sick call complaining of back pain and numbness of legs and feet. The nurse noted your discomfort was 4 of 10 and she made a provider referral for numbness of bilateral lower extremities. Ms. Bland completed your referral six days later on June 10, noting that you also requested renewal of hemorrhoidal cream. She noted "v/s as recorded in eomis. reviewed medication list. Ext: posture is leaning forward on his walker, he requires no assist c positioning. He states that his legs were giving out all the way from his cell. The report from Security is that he ambulated the whole way with assist of his walker only - ~~no difficulty~~, he participates in no way with the msk exam. He is then indicating to Security that he is unable to use his walker to ambulate back to his cell. he was returned to his cell in the restraint chair". She ordered HCTZ 12.5mg once daily and Hemorrhoidal ointment twice daily.

As a unit provider, Ms. Bland is authorized to order treatment she deems appropriate and clinically indicated, based on her medical judgment; therefore, your grievance is found without merit.

Received



JUL 22 2019

Deputy Director
Health & Correctional ProgramsSignature of Health Services
Administrator/Mental Health Supervisor or
Designee

Regional Ombudsman

07/16/2019

Title

Date

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

This Grievance Came to my Cell with these stains on it, I don't know what it is... The Officer say she received it this way. ApN-Bland is lying about me having no difficulty walking there and I was sweating like crazy when we got there. As for me participated in her msk exam, there was no examination even tried to be performed by her, I never even had time to speak before she told the officers that she was through with me; to take me back to my cell and put my feet up.

Ms. Blanks Medical Treatment is flawed with a hatred for me & bad that she don't even see where this is all leading her in her future. She can not stay in the medical profession taking out personal hate on the patient, even if he (or) she is just another prisoner in the system. "Look at me now" I can't stand up and I done took so many falls until I busted up my (left knee) and the outside of my (leg muscle). Neither one of my legs will work, and my back is in so much pain I can't sleep. I have to drag my legs behind me, down on my hands and butt to get around in this cell.

It may get worse the X-Ray man said it looked like I feel like a broken animal sliding around on the floor like a dog that get hit by a car.

ADC#: 109194

Date

07/17/2019

Inmate Signature

Wille J. Stein

Received

JUL 22 2019

Deputy Director
Health & Correctional Programs

Exhibit 14-2

FD
5/5

IGTT430
3GD

Attachment VI

INMATE NAME: Starr, Willie J.

ADC #: 109194

GRIEVANCE#: VSM19-01605

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

This grievance is basically a duplicate of grievance #VSM19-01579. Please refer to that response.

Per policy, duplicates are without merit.

Director

Date

8/29/19

Exhibit H-3

8/29/19

Exhibit I
 ISO-1
 Cell #8 6/19
 601/88
 Chief of Security
 Major Straughn
 Major B. Carroll
 I Was in the Hole!!
 FOR OFFICE USE ONLY
 GPN # _____
 Date Received: _____
 GPN Code #: _____

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center Vanner Super Max

Name Willie Starr

ADC# 109194 Brks # #8 Job Assignment _____

(Date) STEP ONE: Informal Resolution 06/10/19

(Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: It does me no good

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): The Restrictive Housing Handbook States

a personal hygiene Standards will be strictly enforced as a rule. The A.D. 12-24 Supersedes 10-20 AR 839 punitive Segregation STATES, Shower's is afforded the opportunity to Shower a minimum of three times a week. It also States in Section 22 Cleanliness, that I am expected to comply with policy concerning personal cleanliness OR Chief of Security May Order Steps to enforce Compliance. Failure to abide is grounds for disciplinary action.

Since the 10th 06/10/2019 due to Medical reason's: I have Back problems that's effecting my legs, I can not stand up without falling down, I Need a Medical-Shower Chair so I can sit and Shower.

My back has gone out and my legs won't hold up my weight, I keep falling and I am afraid that I am going to kill and hurt myself worse (or) Break something easy like a wrist, arm, or my Neck. I am too Heavy to keep falling on these old bone's, I will never Heal up...

Willie J. Starr

Inmate Signature

Date

06/10/2019

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 15 June 19 (date), and determined to be Step One and/or an Emergency Grievance _____ (Yes or No). This form was forwarded to medical or mental health? _____ (Yes or No). If yes, name of the person in that department receiving this form: Sgt. Portia 81322 Sgt. Howell Date 6/19/19

PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: Your information has been forwarded to a provider so that you may be evaluated for a shower chair. Howell 6/19/19

Staff Signature & Date Returned _____ Inmate Signature & Date Received _____

This form was received on _____ (date), pursuant to Step Two. Is it an Emergency? _____ (Yes or No).

Staff Who Received Step Two Grievance: Get a Shower Chair Date: _____

Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____

If forwarded, provide name of person receiving this form: _____ Date: _____

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; **BLUE** - Grievance Officer; **ORIGINAL** - Given back to Inmate after Completion of Step One and Step Two.

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center Varner Unit ISO-1
 Name Willie J Starr Cell-8
 ADC# 109194 Brks # 1-8 Job Assignment Medical ISO 1/8

FOR OFFICE USE ONLY

GRV. # 2019-01677
 Date Received: 6/20/19
 GRV. Code #: 600

(Date) STEP ONE: Informal Resolution 6/18/19

"Refused and Denied Medical treatment."

(Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.) 6/20/19

If the issue was not resolved during Step One, state why: Because Ms Powell lies to me all the time and I don't believe her now. My back and

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: legs been messed up now since May the 20th and I have not gotten any medical treatment in 33 days I'm hurting

Is this Grievance concerning Medical or Mental Health Services? YES If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): On 06/18/2019, I was getting up for Diabetic Insulin Shot. This is Between 1:00 AM and 3:00 AM, Ms. I got up my left leg went out again and I fall again; this time I busted something in my leg and my knee. And when I fall backward I felt something snap in my back. Ms. Wilson and the nurse and Cpl. Robinson witnessed the fall. I went to sick call on 6/18/19 and I saw a Nurse KPN Jones who asked questions and a Ms Austin the APN who examined me and took my blood pressure. Ms Austin noticed right off that my leg and knee were both swollen. Ms Jones called the APN Ms Bland and she came back and stated that Ms Bland said that she just saw me on 06/10/19, which she then refused me the medical treatment that I needed - See Grievance written against her from that date: 6/10/2019, for refusing me medical treatment. Now on 06/18/2019 I am carried to sick call by officers Burton and a Ms Gay, who both witness Ms Nurse Jones tell me that Ms Bland stated that she could not see me, and to take my knee brace away and for me to put my leg up. This is the second time she has denied me the medical treatment I needed and I also paid for \$300 med co-pay. So what am I paying all this co-pay \$300, but she still deny me medical treatment?

Inmate Signature Willie J Starr # 109194

Date 06/20/2019

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 6-20-19 (date), and determined to be Step One and/or an Emergency Grievance

NO (Yes or No) This form was forwarded to medical or mental health? YES (Yes or No). If yes, name of the person in that department receiving this form: Bowles Date 6/20/19

Sgt. Garcia 70495 Sgt. Garcia 6-20-19
 PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: You have been referred to provider related to back pain, leg numbness and shower chair evaluation. You will be scheduled. Bowles 6/20/19

Staff Signature & Date Returned Bowles 6/21/19

Inmate Signature & Date Received Willie Starr 6/20/2019

This form was received on 6-20-19 (date), pursuant to Step Two Is it an Emergency? YES (Yes or No).

Staff Who Received Step Two Grievance: X Sgt. Garcia Date: 6-20-19

Action Taken: 2-4-2019 (Forwarded to Grievance Officer/Warden/Other) Date: 6/24/19

If forwarded, provide name of person receiving this form: Bowles 6/24/19 Date: AUG 27 2019

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE - Grievance Officer; ORIGINAL - Given back to Inmate after Completion of Step One and Step Two. Health & Correctional Programs

IGTT420

3GH

Attachment IV

INMATE NAME: Starr, Willie J.ADC #: 109194BGRIEVANCE #: VSM19-01677

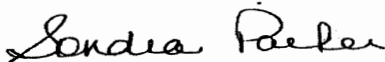
HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(601) Your 6/18/19 grievance has been received and reviewed as well as your medical record to determine if medically necessary health care, as determined by your health care providers, has been provided to you. You grieved on 6/18/19 Ms. Bland denied you medical treatment when you were seen in sick call.

Review of your record shows you were seen in sick call 6/18/19 and report called to Ms. Bland. Sick call nurse documentation supports Ms. Bland advised your knee brace if not in use and no current order should be confiscated and to educate you to elevate your leg. You were ordered naproxen per sick call protocol.

Providers are authorized to order what they deem medically appropriate therefore, your grievance is without merit.

Received



AUG 27 2019

Deputy Director
Health & Correctional ProgramsSignature of Health Services
Administrator/Mental Health Supervisor or
DesigneeSondra L. Parker08/21/2019

Title

Date

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

Sandra L. Parker, I Received this response - Dated 8-21-19 On 08/23/19 Please do not delay my paper work
First of all your response talked of knee brace, Not the topic of my Complaint. Refused are denied Medical treatment (is the reason) I am sliding around on a dirty cell floor with two legs that stop working due to lack of medical treatment. She denied me the Medical Treatment Now from 05/21/2019 to 08-24-2019, I have Witness who would lie when the time comes to speak the truth. By you trying to make the topic a knee brace only shows me what you care about my health, This grievance said nothing about providing authorized to order what deem medically appropriate - So I am without merit. Do you know - YES - you know that I am back here in a cell with two legs that do not work, I suffer through the pain and all I've asked for is the Medical treatment I am in need of. I didn't want to become a cripple, but I am afraid you'll have pushed me back for so long Now until they don't (bump) (shake) or (move).

do I guess that means I'm crippled for life. But I will find out from the surgeon who done my (4) back surgery. I Need to See Doctor Barrard Crowell, even if it's too late to help me walk again, Maybe he will go in and take all this IRON & screws out of my body and I'll have to a just to a Wheel Chair for my remaining years in this world. But if you'll continue to Show me this same deliberate difference, it will all come out, I won't die yet!!

ADC#: 109194

Date 08-23-2019

Willie Starr
Inmate Signature

Exhibit
5-2

Willie Starr 109194
Varner Unit (Yson)
P.O. Box 600
Forsyth, Arkansas
71644

Truck
Mail

Legal Mail

Deputy Director for Health and
Correctional programs
~~Pine Bluff, Arkansas 71601~~
P.O. Box 8707
Pine Bluff, Arkansas 71611

Truck
Mail

Legal Mail

Received

AUG 27 2019

Deputy Director
Health & Correctional Programs

Sign: _____

Date: _____

(05)

IGTT430
3GD

Attachment VI

INMATE NAME: Starr, Willie J.

ADC #: 109194

GRIEVANCE#: VSM19-01677

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

On June 19, 2019, you grieved APN Bland denied you treatment for your leg. You stated you fell on June 18, 2019 getting up for your insulin shot. You stated Nurse Wilson and Officer Robinson witnessed the fall and you went to sick call with Nurse Jones and Nurse Austin, who examined you. You stated Nurse Austin noticed your leg and knee were swollen and Nurse Jones contacted APN Bland. You stated she came back to inform you APN Bland stated she would not see you and for your knee brace to be taken. You also stated APN Bland told Nurse Jones that she had just seen you on June 10, 2019 and you could put your leg up. You stated this is not the first time APN Bland has denied you medical treatment.

The medical department responded, "Review of your record shows you were seen in sick call 6/18/19 and report called to Ms. Bland. Sick call nurse documentation supports Ms. Bland advised your knee brace if not in use and no current order should be confiscated and to educate you to elevate your leg. You were ordered naproxen per sick call protocol. Providers are authorized to order what they deem medically appropriate therefore, your grievance is without merit."

Your appeal states this response addresses your knee brace, not your complaint. You state being denied medical treatment is why you are sliding around on a dirty cell floor with two legs that do not work. You state you suffer through pain every day, you do not want to become crippled, and this is deliberate indifference. You state you need to see Dr. Crowell.

According to the grievance policy, an appeal cannot raise new or additional issues or complaints.

A review of your electronic medical record shows you were seen in sick call on June 18, 2019 concerning your fall. The nurse noted your complaints of back, left knee, and leg pain. She noted APN Bland was notified of the incident and she was educated on the swelling and hardness of your left lower extremity. The nurse noted APN Bland stated, "if he has his brace off and doesn't have a script, then it needs to be confiscated, also he can just go back to his cell block and prop his feet up, I just seen him last week." She noted she informed you of APN Bland's verbal orders, confiscating your brace and terminating your restriction.

Due to the nurse not following protocol this appeal is with merit.

With Merit!!

[Signature]
Director

10/4/19
Date

(1/2)
2015

UNIT LEVEL GRIEVANCE FORM (Attachment II)

Unit/Center Varner Unit (VSM) 1-20Name Willie StarrADC# 109194Brks # 1/20Job Assignment MS Sonda Parker

FOR OFFICE USE ONLY

GRV. # VSM-19-01769Date Received: 7/5/19GRV. Code #: 600

07/01/19 (Date) STEP ONE: Informal Resolution

07/03/19 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: Both times I saw Dr. Smith he promised me X-Rays On My leg (Knee) and Back each time he lied(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: I was never seen (or) talked to again!Is this Grievance concerning Medical or Mental Health Services? If yes, circle one: medical or mental**BRIEFLY** state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): MS S. Parker your response to my RequestShow's me and prove my point (MS Bland) has intentionally denied me medical attention. She saw me that time on 06/10/19 and my leg and knee and foot was all swollen. She refused to examine me, then on 06/18/19 I saw a Nurse Jones and The ADON, Ms Austin, They Called APN-Bland and informed her of the swelling and told her that I needed to be seen by the provider. Bland stated that she would not see me and that I needed to go back to cell and put my foot up. TheNo indication for Medical treatment. No indication for face to face! She has shown me nothing but cruel and unusual punishment, denying me medical attention "Maliciously and Sadistically" is no way for a person in her position is suppose to conduct herself. It is unprofessional that she be allowed to take out old grudges in her professional Capacity it's against the laws, and She has Violated my Eighth Amendment Right to Medical treatment now for a period of (37) days of pain and suffering; When she should have given Medical treatment!

Inmate Signature

Willie Starr #109194

SEP 04 2019

Deputy Director

Date 07/01/2019

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLYThis form was received on 7-1-19 (date), and determined to be Step One and/or an Emergency Grievance NO (Yes or No). This form was forwarded to medical or mental health? Yes (Yes or No). If yes, name of the person in that department receiving this form: Sgt. Garcia Date 7/2/19PRINT STAFF NAME (PROBLEM SOLVER) Sgt. Garcia ID Number 90495 Staff Signature Sgt. Garcia Date Received 7-1-19Describe action taken to resolve complaint, including dates: You were seen in SIC call 6/18/19 and report called to Ms. Bland who deemed you immediate monitor visit necessary. You were seen by Dr. Smith 6/21/19 who ordered no change in your plan of care. You were seen by Dr. Smith 6/28/19 and ordered lab. You are on the list. Bland 7/2/19 WillieStaff Signature & Date Returned 7/2/19 Inmate Signature & Date Received 07/03/19This form was received on 7-1-19 (date), pursuant to Step Two. Is it an Emergency? Yes (Yes or No).Staff Who Received Step Two Grievance: Sgt. Pittman Date: 7-1-19Action Taken: re (Forwarded to Grievance Officer/Warden/Other) Date: 7/2/19If forwarded, provide name of person receiving this form: Bland Date: 7/2/19

- VARNER UNIT GRIEVANCE -

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE - Grievance Officer; ORIGINAL - Given back to Inmate after Completion of Step One and Step Two.

IGTT420
3GH

Attachment IV

INMATE NAME: Starr, Willie J.ADC #: 109194BGRIEVANCE #: VSM19-01769

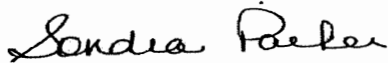
HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(601) Your 6/25/19 grievance has been received and reviewed as well as your medical record to determine if medically necessary health care, as determined by your health care providers, has been provided to you. You grieved Ms. Bland denied you medical attention 6/10/19 and 6/18/19. Your concerns were previously address in grievance VSM19-01605 for your 6/10/19 provider encounter and VSM19-01677 for your 6/18/19 encounter. You are encouraged to review those grievance responses.

You note on your step 2 that Dr. Smith promised you x-rays on your 6/21/19 and 6/28/19 encounters and he lied. Dr. Smith denies your allegations and there is no documentation to support a plan to order x-rays.

Your complaint related to 6/10/19 and 6/18/19 were previously supported and your allegation Dr. Smith promised you x-rays and lied to you is not supported therefore, your grievance is without merit.

Received



SEP 04 2019

Deputy Director
Health & Correctional ProgramsSignature of Health Services
Administrator/Mental Health Supervisor or
DesigneeSondra L Parker08/23/2019

Title

Date

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

I don't Under Stand Why he Would Just lie for no reason. Officer Sgt. Tone and Others Wittness him Say he Would order Me X-Rays; I Never Would have believed in a million years that I Would have to do this Withan Doctor! But Today 08/30/19, Officer Tyor M. Cpl. and two Other Officers Took me to Dr. Visit to See Dr. Smith Who has Now found that my Complaint was With lot. x merit (people) please Under Stand that Iam Seeking Medical attention Nothing more @d less. I Want the pain to Stop and give Me Some Kind of life Back here, - except laying here hurting every day When its Not Necessary. DR Making any Medical Sence to Make Me lay here Suffering all these

passed months just to bring Ms. Bland Joy. She is no longer medically stabilized. When it comes to me, her hate for me is to very strong. She is poisoning all new doctors and nurse's against me. On 8-30-19, I heard Dr Smith and nurse Jones whisper to Cpl. M. Taylor Did he think I was taking that I could ~~walk~~ walk? I was so angry that they would think something so stupid. He knew I was not faking; Then Dr Smith and nurse Jones both said Well Bland think your faking.

ADC#: 109194

Date

08/30/2019

Inmate Signature

[Handwritten signature]

(Exhibit k-2)

Received

SEP 04 2019

Deputy Director
Health & Correctional Programs

(b/s)
w/5

IGTT430
3GD

Attachment VI

INMATE NAME: Starr, Willie J.

ADC #: 109194

GRIEVANCE#: VSM19-01769

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

On July 1, 2019, you grieved APN Bland denied you medical attention on June 10, 2019 and June 18, 2019.

The medical department responded, "Your concerns were previously address in grievance VSM19-01605 for your 6/10/19 provider encounter and VSM19-01677 for your 6/18/19 encounter. You are encouraged to review those grievance responses. You note on your step 2 that Dr. Smith promised you x-rays on your 6/21/19 and 6/28/19 encounters and he lied. Dr. Smith denies your allegations and there is no documentation to support a plan to order x-rays. Your complaint related to 6/10/19 and 6/18/19 were previously supported and your allegation Dr. Smith promised you x-rays and lied to you is not supported therefore, your grievance is without merit."

Your appeal states you do not understand why he would lie for no reason. You state Officer Jones and others witnessed him say he would order x-rays. You state you were taken today, August 30, 2019, to see Dr. Smith by Officer Taylor and two other officers. You state you are seeking medical attention to stop the pain you are in. You state APN Bland is turning other doctors and nurses against you as you heard Dr. Smith and Nurse Jones asking Officer Taylor if he thought you were faking.

According to the grievance policy, an inmate has 15 days after the occurrence of an incident to file a grievance. You submitted your Step One Informal Resolution past the allotted time to grieve the June 10, 2019 encounter; therefore, it will not be addressed.

Your June 18, 2019 encounter was addressed in grievance #VSM19-01677. Please refer to that response.

This appeal is without merit.

Director



Date

10/15/19



Return 711

UNIT LEVEL GRIEVANCE FORM (Attachment I)Unit/Center VSM Unit - VSMName Willie J. StarnADC# 109194 Brks # 1/20 Job Assignment R/P

FOR OFFICE USE ONLY

GRV. # VSM-19-01785Date Received: 7-5-19GRV. Code #: 400 711

07/04/19 (Date) STEP ONE: Informal Resolution

07/03/19 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally)

If the issue was not resolved during Step One, state why: I got no response from any one of these figures heads, I don't know why, all I want(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm. Emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: is some medical attention before its to late and I am crippled for life...Is this Grievance concerning Medical or Mental Health Services? If yes, circle one: medical or mental**BRIEFLY** state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print): This concerns my Health and Safety. I have(NOT) had a Shower since 05/24/2019. That's 37 days I've been in Back Injury. Since I've been in DBK Cell 100 I've been trying to figure out a way to show it but there is no way in my condition. Neighbors telling me I'm sick due to this last injury to my back. I've told some times in my condition I'm in pain. I need to get the proper medical attention. I need to see the Surgeon who done my Back Surgeries but he it is to late and I'm permanently Crippled to save money. Doctor: Bernard Crowell. Please before it's to late... I don't want to become a cripple to save money.To All Warden's Departments Heads! To The Classification Committee Members! To VSM Building Major and Captains! My legs and Back don't work I need help!Inmate Signature Willie J. Starn #109194 Date 07/01/2019If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.**THIS SECTION TO BE FILLED OUT BY STAFF ONLY**This form was received on 7-5-19 (date), and determined to be Step One and/or an Emergency Grievance No (Yes or No). This form was forwarded to medical or mental health? (Yes or No). If yes, name of the person in that department receiving this form: Date

PRINT STAFF NAME (PROBLEM SOLVER)

ID Number

Staff Signature

RECEIVED Date Received

Describe action taken to resolve complaint, including dates:

AUG 06 2019

No Response!

AUG 06 2019

INMATE GRIEVANCES SUPERVISOR

INMATE GRIEVANCES SUPERVISOR

Staff Signature

Inmate Signature & Date Received Willie J. Starn 07/03/2019This form was received on 7-5-19 (date), pursuant to Step Two Is it an Emergency? (Yes or No).Staff Who Received Step Two Grievance: ESK Date: 7-5-19Action Taken: 2019 (Forwarded to Grievance Officer/Warden/Other) Date: If forwarded, provide name of person receiving this form: Date:

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE - Grievance Officer; ORIGINAL - Given back to Inmate after Completion of Step One and Step Two.

IGTT410
3GSINMATE NAME: Starr, Willie J.ADC #: 109194BGRIEVANCE #: VSM19-01785

WARDEN/CENTER SUPERVISOR'S DECISION

Inmate Starr you state "This concerns my health and safety; I have (NOT) had a shower since 05/24/2019. That's 37 days now due to a back injury! Since I've been in (1) bk cell (20) I've been trying to figure out a way to shower, but there is (NO WAY) in my condition: Neither of my legs work due to this last injury to my back, I've tore something in my shoulder straining to lift my weight into my bunk and out again and again and again. I need to a handicapped unit until I get the proper medical attention, I need to see the surgeon who done my back surgeries before it is to late and In permanently crippled to save money!!" Doctor Bernard Crowell", Please, before it is to late...I don't want to become a cripple to save money...TO ALL WARDEN'S DEPARTMENTS HEADS! TO THE CLASSIFICATION COMMITTEE MEMBERS/TO. VSM BUILDING MAJOR'S AND CAPTAIN'S. MY LEG'S AND BACK DON'T WORK. I NEED HELP!"

You are in a single man cell with a shower. You also have a walker that helps you get around and assist you with your daily functions. All of your medical concerns should be addressed to medical. Therefore, I find this issue without merit.

RECEIVED

Signature of Warden/Supervisor or Designee Wach AUG 06 2019 Title

Date 7/30/19

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues, which are not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE ABOVE RESPONSE? I am in a cell with a shower that I can not reach, (I can't walk), (I cannot stand) my legs don't work. This Walker is no good to me, a Walker is only good for help to a person who can walk (or) stand up! The Walker Can't help me get around if my legs don't work, and my daily functions is getting no assist from this Walker, I am having to slide on my Butt with the help of my hands. Also Medical has nothing to do with "Handicapped Cells" and I need a "handicapped cell", "I Can't Stand and I Can't Walk, so how can I Shower at a Shower I can't possibly reach from the floor? I Can't Stand/Walk you'll know I can't walk and you still treat me as if I can, I write (1) Request for Interview letting you'll know this, so no sir your dead wrong in your response, I need a

Inmate Signature

ADC #: 109194

Date

08/01/2019

Willie J. Starr
#109194

Handicapped Cell
to accommodate my
Handicapped Condition!

IGTT430
3GD

Attachment VI

INMATE NAME: Starr, Willie J.

ADC #: 109194

GRIEVANCE#: VSM19-01785

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

On 07/01/2019, you stated the following complaint: "This concerns my health and safety; I have (NOT) had a shower since 05/24/2019. That's 37 days now due to a back injury! Since I've been in (1) bk cell (20) I've been trying to figure out a way to shower, but there is (NO WAY) in my condition: Neither of my legs work due to this last injury to my back, I've tore something in my shoulder straining to lift my weight into my bunk and out again and again and again. I need to a handicapped unit until I get the proper medical attention, I need to see the surgeon who done my back surgeries before it is too late and I'm permanently crippled to save money!!" Doctor Bernard Crowell", Please, before it is too late...I don't want to become a cripple to save money...TO ALL WARDEN'S DEPARTMENTS HEADS! TO THE CLASSIFICATION COMMITTEE MEMBERS/TO. VSM BUILDING MAJOR'S AND CAPTAIN'S. MY LEG'S AND BACK DON'T WORK. I NEED HELP!"

The Warden responded to your grievance on 07/30/2019 by stating the following: "You are in a single man cell with a shower. You also have a walker that helps you get around and assist you with your daily functions. All of your medical concerns should be addressed to medical. Therefore, I find this issue without merit."

Your appeal was received on 08/06/2019. After review of your appeal and supporting documentation, I find that I concur with the Warden's decision. Your appeal is without merit.

Appeal denied.


Director


Date

Communication Date: 10-16-2019

UNIT LEVEL GRIEVANCE FORM (Attachment II)

Unit/Center Van Ness Unit - 4504 1-20Name Willie StanADC# 109174Brks #/ 1/20Job Assignment 10145A

FOR OFFICE USE ONLY

GRV. # 15-01269Date Received: 07-05-2019GRV. Code #: 600

07/01/19 (Date) STEP ONE: Informal Resolution

07/03/19 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: Both times I saw Dr Smith he promised me X-Rays on my leg (knee) and back each time he lied!(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: I was never seen (or) talked to again!Is this Grievance concerning Medical or Mental Health Services? If yes, circle one: medical or mental**BRIEFLY** state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): Ms. S. P. Miller your response to my RequestShow's me and prove my point (Ms. Bland) has intentionally denied me medical attention. She said me that time on 07/01/19 my leg and back hurt like all hell. She refused to examine me, then on 07/03/19 I saw Dr. Smith and The NDN Dr. Austin. They called APN-Bland and informed her of the situation and told her that I needed to be seen by the provider. Bland stated that she would not see me and that I needed to go back to cell and put my foot up. The NO indication for Medical treatment. No indication forface to face. She has shown me nothing but cruel and inhuman punishment. I am not a person in her position is supposed to conduct herself. It is unprofessional that she be allowed to take out old grudges in her professional capacity it's against the law, andshe has violated my Eighth Amendment Right to Medical treatment now for a period of (37) days of pain and suffering, when she should have given Medical treatment!Inmate Signature Willie Stan #109174Date 07/01/2019**If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.****THIS SECTION TO BE FILLED OUT BY STAFF ONLY**This form was received on 7-1-19 (date), and determined to be Step One and/or an Emergency Grievance NO (Yes or No). This form was forwarded to medical or mental health? (Yes or No). If yes, name of the person in that department receiving this form: Date PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received 7-1-19Describe action taken to resolve complaint, including dates: No Response!Staff Signature & Date Returned Willie StanInmate Signature & Date Received 07/03/2019This form was received on (date), pursuant to Step Two Is it an Emergency? (Yes or No).Staff Who Received Step Two Grievance Date 7-4-19Action Taken: (Forwarded to Grievance Officer/Warden/Other) Date: If forwarded, provide name of person receiving this form: Date: **DISTRIBUTION: YELLOW & PINK** - Inmate Receipts; **BLUE** - Grievance Officer; **ORIGINAL** - Given back to Inmate after Completion of Step One and Step Two.

IGTT405
3GT

Attachment V

**ACKNOWLEDGEMENT OF GRIEVANCE APPEAL
or REJECTION OF APPEAL**

TO: Inmate Starr, Willie J. ADC #: 109194B
FROM: Griffin, Rory L TITLE: Dep Dir for Hlth and Corr Svc
RE: Receipt of Grievance VSM19-01769 DATE: 09/04/2019

Please be advised, the appeal of your grievance dated
07/01/2019
was received in my office on this date 09/04/2019

You will receive communication from this office regarding this Grievance by 10/16/2019

- ☐ The time allowed for appeal has expired
- ☐ The matter is non-grievable and does not involve retaliation:
 - ☐ (a) Parole and/or Release matter
 - ☐ (b) Transfer
 - ☐ (c) Job Assignment unrelated to medical restriction
 - ☐ (d) Disciplinary matter
 - ☐ (e) Matter beyond the Department's control and/or matter of State/Federal law
 - ☐ (f) Involves an anticipated event
- ☐ You did not send all the proper Attachments:
 - ☐ (a) Unit Level Grievance Form (Attachment 1)
 - ☐ (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response Attached (Attachment IV for Health Issues Only)
 - ☐ (c) Did not give reason for disagreement in space provided for appeal
 - ☐ (d) Did not complete Attachment III or IV with your name, ADC#, and/or date
 - ☐ (e) Unsanitary form(s) or documents received
 - ☐ (f) This Appeal was REJECTED because it was a duplicate of , or was frivolous or vexatious

Never Answered

Grievance by Date: 10-16-2019

Communication Date: 10-09-2019

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center Vacant Unit (VU)Name Willie StarnADC# 107194 Brks # 1-20 Job Assignment _____

FOR OFFICE USE ONLY

GRV # 107-01925Date Received: 10-27-2019

GRV. Code #: _____

7/16/19 (Date) STEP ONE: Informal Resolution07/18/2019 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: _____

_____, (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print):

How is it that the ADV-MS blood has up-raised my Insulin dosage for the second time and not even tell me? Both times I had to ask the Nurses, why they got to my dosage and they would say "Oh he didn't tell you that she had raised it?" Now that's unprofessional and it's also playing with my life; the Nurses all say that she is suppose to tell me when there is a change made to my Insulin dosage!! There is a pattern to her abusive behavior toward me and it has gotten worse. It's not just taking stuff now, she is playing with my life. Even the doctors all say they see NO need to up raise my dosage, my blood sugar has stayed under 120 in the mornings; Now at evening I dose eat 2 full meals, you expect it to be 220 at night. She should still have told me, not just keep raising it without my knowledge of what's going on...

Inmate Signature Willie J StarnDate 07-16-2019

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLYThis form was received on _____ (date), and determined to be Step One and/or an Emergency Grievance _____ (Yes or No). This form was forwarded to medical or mental health? _____ (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____PRINT STAFF NAME (PROBLEM SOLVER) Shirley L. L...ID Number 1501Staff Signature Shirley L. L...Date Received 7/17/19

Describe action taken to resolve complaint, including dates: _____

No Response!!

Staff Signature & Date Returned _____

Inmate Signature & Date Received 07/18/2019This form was received on _____ (date), pursuant to Step Two. Is it an Emergency? _____ (Yes or No).

Staff Who Received Step Two Grievance: _____ Date: _____

Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____

If forwarded, provide name of person receiving this form: _____ Date: _____

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE - Grievance Officer; ORIGINAL - Given back to Inmate after Completion of Step One and Step Two.

601
UNIT LEVEL GRIEVANCE FORM (Attachment I)Unit/Center Varner Unit - (VSM)Name Willie J. StarrADC# 109194 Brks # 1-20 Job Assignment _____

7/17/2019 (Date) STEP ONE: Informal Resolution

7/19/19 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: I need to get off the floor, ICan not keep sliding across this floor, I need a Wheel Chair to get to and from the toilet.

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to

a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious

nature). If you marked yes, give this completed form to the designated problem solving staff, who will sign the

attached emergency receipt. In an Emergency, state why: Also to get my meals, to reach my sink andPlease Understand I am a Human being not an animal. please let me use a Wheel ChairIs this Grievance concerning (Medical) or Mental Health Services? yes If yes, circle one: medical or mental**BRIEFLY** state your one complaint/concern and be specific as to the complaint, date, place, name of personnelinvolved and how you were affected. (Please Print): As of May -05-27-19 The Medical Staff onprovided has treated me as an Wounded Animal; I hurt my back on 5-21-19 Afterthat I was refused Medical treatment; Medical Chair to help me Shower. I have nothad a Shower in over (59) days Because I Can not Walk; or Stand up period; Nowafter falling over on a Walker more then (15) times hurting myself over and overagain. On 07-15-19 I fell over on the Walker and Bent one of the legs/Wheels.Tuesday Medical Came and took it away; I asked for a Wheel Chair to get around in my Cell. The Nurse Lpn Ms. Jones Said Maybe. I am left in a Cell witha Shower I can't use I can't reach it! I have to slide on my Butt dragging my legsto get my food tray, eat with Nasty hands Cause I can't reach the sink. My Bed coversare Filthy from me sliding myself across the floor; Now picture yourself trying topull up 250 pounds of dead weight up on the Toilet to take a shit (oops) you don'tmake it and you shit yourself? you people have me living like an animal with aBroken Back. you'll have Broken every Constitutional law there is to mankindbut you'll don't consider me a human do you? I Need a Wheel Chair for starters!!Willie J. Starr AUG 27 2019 Date 07-17-2019

Inmate Signature

Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLYThis form was received on _____ (date), and determined to be Step One and/or an Emergency Grievance

_____ (Yes or No). This form was forwarded to medical or mental health? _____ (Yes or No). If yes, name

of the person in that department receiving this form: Dawell Date 7/18/19Sgt Pittman 7/16/19 Sgt Pittman 7/16/19

PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: You were seen by medicalstaff 7/16/19 for your medical complaints related tosaid fall. you were ordered naproxen 400mg and ordered Xraysyou have been referred to be followed up on xray resultsDawell 7/18/19 Willie Starr 7/19/2019

Staff Signature & Date Returned Inmate Signature & Date Received

This form was received on _____ (date), pursuant to Step Two Is it an Emergency? _____ (Yes or No).Staff Who Received Step Two Grievance: Sgt Briggs Date: 7.21-19Action Taken: JUL 22 2019 (Forwarded to Grievance Officer/Warden/Other) Date: _____If forwarded, provide name of person receiving this form: Dawell 7/23/19 Date: _____DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE - Grievance Officer; ORIGINAL - Given back

to Inmate after Completion of Step One and Step Two.

UNIT LEVEL GRIEVANCE FORM (Attachment I)Unit/Center Varad Unit - VADName Willie J. SteenADC# 109194 Brks # 1-20 Job Assignment _____

7/17/2019 (Date) STEP ONE: Informal Resolution

7/19/19 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: It don't change thefact that I Need a Wheelchair, not a Walker. A Walker(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: is for a person who can walk, I(Can NOT) Walk - I Can't even Stand up, my legs don't work...Is this Grievance concerning Medical or Mental Health Services? Yes / If yes, circle one: medical or mental**BRIEFLY** state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print): As of May -05-27-19 The Medical Staffprovided has treated me as an Unwounded Animal; I hurt my Back on 5-21-19. After that I was refused Medical treatment; Medical Chair to help me Shower. I have not had a Shower in over (59) days Because I Can not Walk; or Stand up period; Now after falling over on a Walker more than (15) times hurting myself over and over again. ON 07-15-19 I fell over on the Walker and Bent one of the legs/wheels. Tuesday Medical came and took it away; I asked for a Wheelchair to get around in my Cell. The Nurse Lpn Mrs. Jones said Maybe. I am left in a Cell with a Shower I can't use, I can't reach it! I have to slide on my Butt dragging my legs to get my food tray, eat with nasty hand cause I can't reach the Sink. My Bed Covers are Filthy from me Sliding Myself across the floor; Now picture yourself trying to pull up 250 pounds of dead weight up on the Toilet to take a Shit (poop) (po) don't make it and you shit yourself? you people have me living like an animal with a broke back! you'll have Broken every Constitutional laws there is to Man kind, but you'll don't consider me a human do you? I Need a Wheelchair for starters!!

Inmate Signature

AUG 27 2019

07-17-2019

Willie J. Steen**If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.****THIS SECTION TO BE FILLED OUT BY STAFF ONLY**This form was received on _____ (date), and determined to be **Step One** and/or an Emergency Grievance _____ (Yes or No). This form was forwarded to medical or mental health? _____ (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

PRINT STAFF NAME (PROBLEM SOLVER)

ID Number

Staff Signature

Date Received

Describe action taken to resolve complaint, including dates: _____

Staff Signature & Date Returned

Inmate Signature & Date Received

This form was received on _____ (date), pursuant to **Step Two**, Is it an Emergency? _____ (Yes or No).

Staff Who Received Step Two Grievance: _____

Date: _____

Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____

If forwarded, provide name of person receiving this form: _____ Date: _____

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE - Grievance Officer; ORIGINAL - Given back to Inmate after Completion of Step One and Step Two.

Y/C T.T.

IGTT420
3GH

Attachment IV

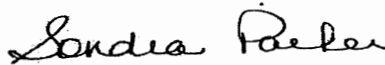
INMATE NAME: Starr, Willie J.ADC #: 109194BGRIEVANCE #: VSM19-01925

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(601) Your 7/17/19 grievance has been received and reviewed as well as your medical record to determine if medically necessary health care, as determined by your health care providers, has been provided to you. You grieved on 7/15/19 you fell and bent a leg/wheel on your walker. You state medical staff came and took your walker and you requested a wheelchair, which you were denied.

Review of your record shows you were seen by medical staff 7/16/19 for complaints of back pain and not being able to walk. Report was called to Dr. Smith and orders given for naproxen 220mg and L-spine x-rays. You were seen by Dr. Smith 7/19/19 and Dr. Smith discussed x-ray results and noted no indication for wheelchair. On 7/25/19 Dr. Smith ordered for you to have a regular walker which you were issued.

Due to the delay in you being without an assisting device, your grievance is with merit but resolved when you were issued the regular walker as ordered.



Signature of Health Services
Administrator/Mental Health Supervisor or
Designee

How can it be resolved when I
can not ^{received} walk or use a walker?
AUG 27 2019
Deputy Director
Health & Correctional Programs

Sondra L Parker

Title

08/19/2019

Date

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

NO-NO-NO, you cannot resolve a medical problem if the doctor or provider don't really understand what's wrong. The problem is medical in looking at me with their minds closed, and they are not following the rules of the distributor, we are not suppose to ride on the walker, I learned my lesson and have the busted knee and scared legs to prove they are right. Now let's talk about (I) (Can) (not) walk (or) even stand up my legs won't do anything at all (oh) Some times the be tumping from the Diabetic nerve pain. As of 05-20-2019, To Now I have still not had a shower. The Walker is no good to a person who can not walk. pain med. will not help me walk, we got to find out why my legs quite working that mean in MRI and it will show the surgeon where the problem is he can fix me up and all will be blessed and happy. But as for now I am a 55 year old

Black Man Who Need Medical attention. Medical Staff Would
Father See me Slide to get Insulin Shot, pill Call to get my tray of food. I
know I don't mean anything to the Medical Staff. The provider Ms. Bland has done
nothing for me since I came to Lefner in 2016, its an old grudge and it may take a
Judge (or) Jury to make her see the Medical bias as a Bissness and Not as a way to
punish an Old Black Man. She need to fix
her way back and Act like a Doctor.

ADC#: 109194

Date 08/20/2019

William J. Stew
Inmate Signature

Exhibit
0-3
1914X3

[Large handwritten signature]

Received

AUG 27 2019

Deputy Director
Health & Correctional Programs

Stew
5/19

IGTT430
3GD

Attachment VI

INMATE NAME: Starr, Willie J.

ADC #: 109194

GRIEVANCE#: VSM19-01925

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

On July 17, 2019, you grieved you need a wheelchair. You stated you have not had a shower in over 59 days because you cannot walk and you fell over your walker on July 15, 2019, bending one of the legs/wheels. You stated medical took it away on Tuesday, so you asked for a wheelchair and Nurse Jones said maybe. You stated you are forced to slide on your butt around your cell, unable to shower or get yourself on to the toilet.


The medical department responded, "Review of your record shows you were seen by medical staff 7/16/19 for complaints of back pain and not being able to walk. Report was called to Dr. Smith and orders given for naproxen 220mg and L-spine x-rays. You were seen by Dr. Smith 7/19/19 and Dr. Smith discussed x-ray results and noted no indication for wheelchair. On 7/25/19 Dr. Smith ordered for you to have a regular walker which you were issued. Due to the delay in you being without an assisting device, your grievance is with merit but resolved when you were issued the regular walker as ordered."

Your appeal states you cannot walk or stand up, so the walker does not help. You state you still have not had a shower and pain medications will not help you walk. You state an MRI will show what is wrong so a surgeon can fix it.

According to the grievance policy, an appeal cannot raise new or additional issues or complaints.

The medical department's response is upheld and this appeal is without merit.

Director



Date

10/2/19

(5)
Starr

(Exhibit-0-4)

UNIT LEVEL GRIEVANCE FORM (Attachment I)Unit/Center Varner Unit (VU)Name Willie StarrADC# 109194 Brks # 1-20 Job Assignment N/U

FOR OFFICE USE ONLY

GRV. # VSm 19-02052Date Received: 8-2-19GRV. Code #: 66007/25/19 (Date) STEP ONE: Informal Resolution I Need to see off site location provider!

07/29/2019 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: Please this pain is unbearable, there falls has caused lots of swelling in leg (knee joint)(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: Please let me see a off site provider because Mr Smith and Estelle Bland is still refusing me proper medical care.Is this Grievance concerning Medical or Mental Health Services? If yes, circle one: medical or mental**BRIEFLY** state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print): 08-24-19 Mr Smith bring me a walker

I tried it three times, fail twice. What's so hard to understand? My legs won't do what I tell them. I have not been able to make my legs move since my fall on 06-18-2019. This is why I started to push myself around on the 14 wheeled walker and I took about 15 falls because my leg won't work. I've tried everything I can think of as nothing make my legs work. Some times they just go to hurting and then they go to swelling; the nerves on their own. Mr Smith and Estelle Bland wants me to produce a miracle (PR) they say they will take away the Gabapentin I take for this Neuropathy pain in my hands and feet. Well if it gets me to see the Nurse Surgeon. Now because they forced me to try a walker again, these falls has caused my left leg and knee to swell up again and I bust up my right knee cap, it seem to have some fluid building around it. Estelle Bland and Mr Smith do not has not will not take my Health problems serious. They would only X-Ray my back after 12 months of complaining from me to Infirmary and Grievance. Still they give no medical attention to my Swollen leg (knee) or (Foot). They been swollen since 6-18-19 when ADONIS AUSTIN Examen me and told them I needed to see the provider Mrs Bland said No she would not see me.

Inmate Signature Willie StarrDate 07/25/2019**If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.****THIS SECTION TO BE FILLED OUT BY STAFF ONLY**

This form was received on (date), and determined to be **Step One** and/or an Emergency Grievance (Yes or No). This form was forwarded to medical or mental health (Yes or No). If yes, name of the person in that department receiving this form: Date

PRINT STAFF NAME (PROBLEM SOLVER)

ID Number

Staff Signature

SEP 23 2019

Date Received

Describe action taken to resolve complaint, including dates:

Deputy Director

Health & Correctional Programs

No Response!Willie Starr

Staff Signature & Date Returned

Inmate Signature & Date Received 07-29-2019This form was received on 7-30-19 (date), pursuant to **Step Two** Is it an Emergency? N (Yes or No).Staff Who Received Step Two Grievance: KennedyDate: 7-30-19Action Taken: 2 2019 (Forwarded to Grievance Officer/Warden/Other) Date: If forwarded, provide name of person receiving this form: Dowell 8/6/19 Date:

DISTRIBUTION: **YELLOW** & **PINK** - Inmate Receipts; **BLUE** - Grievance Officer; **ORIGINAL** - Given back to Inmate after Completion of Step One and Step Two.

IGTT420

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Attachment IV

INMATE NAME: Starr, Willie J.ADC #: 109194BGRIEVANCE #: VSM19-02052

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(601) Your grievance from 07/25/19 was received and reviewed as well as your medical record to determine if medically necessary healthcare, as determined by your healthcare providers, has been provided to you. You grieved on 7/24/19 Dr. Smith brought you a push walker and you tried it and fell. You state your legs will not do what you tell them to.

Review of your record shows you were seen by Dr. Smith 6/28/19 and he noted, "On physical exam the patient is able to move his lower extremities and recoils when I palpated his lower left ankle. He later said that it was numb and he only thought it was painful because he could see me touch it. The left lower extremity is edematous on exam. Does appear to be painful to deep palpation though not with dorsiflexion of the ankle joint. Patient has a good muscular development below the waist. It is difficult to determine the patient's pathology given his inconsistent history of present illness. He appears to have multiple musculoskeletal complaints chronic lower back pain chronic shoulder pain. Though he states that he cannot move his legs nor feel them, he demonstrates both motor and sensory functions and bilateral lower extremities. The left lower extremity is genuinely edematous with pain on palpation compared the right. Collect CMP for further evaluation and direction concerning this patient no acute concerns." Your lab was completed 7/18/19. You were seen by Dr. Smith 7/19/19 and he noted, "X ray review, evaluation for wheelchair. no change in PE pt leg remain well developed and motor and sensory functions are intact on PE (Pt states recent fall as the reason he now needs a wheelchair) no physical limitation requiring a wheelchair is noted in the imaging or physical exam. X ray discussed with PT (no acute or unstable findings). Hemorrhoid cream. evaluate pt for wheelchair at next cc/physical exam. no FU needed at this time." Dr. Smith entered a note 7/25/19 and ordered you a regular walker and noted to consider reducing or discontinuing gabapentin should you continue to fall.

Providers are authorized to order what they deem medically appropriate based on their clinical findings therefore, your grievance is without merit.

Sandra Parker

SEP 28 2019

Deputy Director
Health & Correctional Programs

Signature of Health Services
Administrator/Mental Health Supervisor or
Designee

Sondra L Parker

09/16/2019

Title

Date

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

The first time I met Dr. Smith was right after APN Bland told him Jones on the phone that she would not see me again that was 06/18/2019, I seen Doctor Smith on 06/21/2019, At this time Dr. Smith never examen me, he only set behind the desk and looked at me and talked very little. I asked questions that he didn't seem to want to answer (OR) couldn't answer. Any way at the end of our visit Dr. Smith had made me some promise's that he never kept, the next

Time I saw Dr. Smith was 07-08-19 when a Officer [unclear] and another [unclear] bring the doctor to my Cell for a Doctor's Visit. On this Visit Dr. Smith did not examine me, he only stood and looked at me, He did touch my left knee and I jumped in reaction to the pain I had expected. The doctor promised me X-Rays for my knee, leg, and back. Also he promised me something to help me with hard stool-constipation, I got nothing at all not even my Hemorrhoid cream. The next Dr. Visit was 07-08-2019 I seen Apr. Bland who refuse to touch me, there was no examination and none of my questions was answered by her. So I said what did you come down here for if you wasn't going to give me any Medical treatment? She just smiled, so I said ms bland your low down, she laughed at me and she said At least I can walk and then I started to say something But Officer Cpl. M. Taylor told me to not say anything; Just write it up (so) that's what I done. She then said take him out of here I am through with him. As far as Dr. Smith goes, he never examine me because as He and Apr. Bland told us, They figured I was faking, because ms Bland said I prebly was faking. So Dr. Smith never gave me any Medical attention, He was very indiffernt to my condition. As far as his statement about patient has good muscular development below the waist. At the time he was looking at me, I was Swollen up and he couldn't tell any thing Positive about my lower Body. I am Skin and Bone. I have none of what he has described, and my legs still won't move, I can't stand (or) walk. To this day Neish MS. Bland (or) Dr. Smith has shown any interest in my health (or) well being. I don't fault him for the past, But I do hold him responsible for what happens to me in the very near future, I need Doctor's Care and I need it Bad.

ADC#: 109194

Date 09/18/2019

Inmate Signature

Wulff Star #107194

Exhibit
P-2

Received

SEP 23 2019

Deputy Director
Health & Correctional Programs

BS

IGTT430
3GD

Attachment VI

INMATE NAME: Starr, Willie J.

ADC #: 109194

GRIEVANCE#: VSM19-02052

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

On July 25, 2019, you submitted an Informal Resolution stating Dr. Smith brought you a push walker on July 24, 2019. You stated you have tried it three times and failed as your legs will not do what you tell them. You stated you started to push yourself on the four wheeled walker and you have fallen about 18 times. You stated Dr. Smith and APN Bland want to take away your Gabapentin and the falls have caused your knee to swell again. You stated you busted up your right kneecap which seems to have fluid building around it. You stated APN Bland and Dr. Smith will not take your health problems seriously.

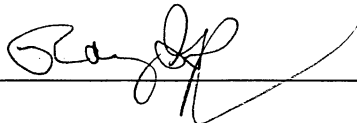
The medical department responded, "Review of your record shows you were seen by Dr. Smith 6/28/19 and he noted, "On physical exam the patient is able to move his lower extremities and recoils when I palpated his lower left ankle. He later said that it was numb and he only thought it was painful because he could see me touch it. The left lower extremity is edematous on exam. Does appear to be painful to deep palpation though not with dorsiflexion of the ankle joint. Patient has a good muscular development below the waist. It is difficult to determine the patient's pathology given his inconsistent history of present illness. He appears to have multiple musculoskeletal complaints chronic lower back pain chronic shoulder pain. Though he states that he cannot move his legs nor feel them, he demonstrates both motor and sensory functions and bilateral lower extremities. The left lower extremity is genuinely edematous with pain on palpation compared the right. Collect CMP for further evaluation and direction concerning this patient no acute concerns." Your lab was completed 7/18/19. You were seen by Dr. Smith 7/19/19 and he noted, "X ray review, evaluation for wheelchair. no change in PE pt leg remain well developed and motor and sensory functions are intact on PE. Pt states recent fall as the reason he now needs a wheelchair. no physical limitation requiring a wheelchair is noted in the imaging or physical exam. X ray discussed with PT (no acute or unstable findings). Hemorrhoid cream. evaluate pt for wheelchair at next cc/physical exam. no FU needed at this time." Dr. Smith entered a note 7/25/19 and ordered you a regular walker and noted to consider reducing or discontinuing gabapentin should you continue to fall. Providers are authorized to order what they deem medically appropriate based on their clinical findings therefore, your grievance is without merit."

Your appeal states Dr. Smith made promises to you that he did not keep. You state Dr. Smith and APN Bland never examined you.

According to the grievance policy, an appeal cannot raise new or additional issues or complaints.

The medical department's response is upheld and this appeal is without merit.

Director



Date

11/1/19

(69)
425
stan

UNIT LEVEL GRIEVANCE FORM (Attachment D)

Unit/Center Varner UnitName Willie J. StarrADC# 109194 Brks # 1-20 Job Assignment

FOR OFFICE USE ONLY

GRV. # 109194-02051Date Received: 8-5-19GRV. Code #: 600

07/31/2019 (Date) STEP ONE: Informal Resolution

08/03/19 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: Medical Discrimination against my Disability!
Standing that I Can't Stand (or) Walk. I've been sliding around this cell on my hands and butt(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: Climbing up on the toilet with help from Books in a bag. These people don't care nothing about an Old Black man suffering in painIs this Grievance concerning Medical or Mental Health Services? yes If yes, circle one: medical or mentalBRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): The AD 12-09 Act 98 of 2011 clearly statesThe facilities shall comply with the handicapped Accessibility Standards developed by Arkansas Building Authority, inmates with disabilities, who have a physical or mental impairment that substantially limits one (or) more of the major life activities. An impairment that limits one major life activity is considered a disability. Major life activities - Caring for one self, performing manual tasks, walking, seeing, hearing, eating, sleeping, standing, lifting, concentrating, working. I Can Not Stand (or) Walk (or) lift anything up. If an inmate establishes he's been subjected to an action prohibited under this policy because of actual physical impairment whether or not the impairment limits a major life activity. Reasonable Accommodation that enables inmates with disabilities to care for self, enjoy an equal opportunity to watch TV programs. This may include Medical Modifications as proven necessary by appropriate medical together with Department personnel. I Need a Wheel Chair a Walker is of no use to me I can't even stand up let alone walk, I need medical treatment but I have not gotten any in (72 days) so I Guess I won't be getting any real Medical attention! I need the wheel chair...

Inmate Signature

Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on _____ (date), and determined to be Step One and/or an Emergency Grievance(Yes or No). This form was forwarded to medical or mental health? _____ (Yes or No). If yes, name of the person in that department receiving this form: Dr. Smith Date 8/1/19

PRINT STAFF NAME (PROBLEM SOLVER)

ID Number

Staff Signature

Date Received

Describe action taken to resolve complaint, including dates:

You were seen 7/19/19 by Dr. Smith for evaluation on wheel chair. Dr. Smith noted no physical limitations requiring a wheel chair is noted in the imaging of the medical exam. Dr. Smith 8/1/19

Staff Signature & Date Returned

Discrimination

Inmate Signature & Date Received

08/03/2019This form was received on _____ (date), pursuant to Step Two Is it an Emergency? _____ (Yes or No).Staff Who Received Step Two Grievance: XDate: X 8-3-19

Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____

If forwarded, provide name of person receiving this form: Dr. Smith Date: 8/1/19

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE - Grievance Officer; ORIGINAL - Given back to Inmate after Completion of Step One and Step Two.

IGTT420
3GH

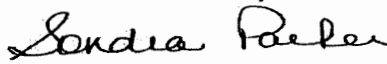
Attachment IV

INMATE NAME: Starr, Willie J.ADC #: 109194BGRIEVANCE #: VSM19-02051

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(601) Your grievance from 07/31/19 was received and reviewed as well as your medical record to determine if medically necessary healthcare, as determined by your healthcare providers, has been provided to you. You submitted a grievance stating that you need a wheelchair to get around in your cell.

Review of your medical record shows that you were seen in provider sick call by Dr Smith for x-ray review and evaluation for wheelchair. Documentation shows "no physical limitation requiring a wheelchair is noted in the imaging or physical exam". Providers are authorized to order what they deem medically necessary based on their clinical judgement, because of this your grievance is without merit. You are encouraged to utilize the sick call process for all of your medical needs.



Signature of Health Services
Administrator/Mental Health Supervisor or
Designee

Received

SEP 28 2019

Deputy Director
Health & Correctional Programs

Sondra L. Parker09/11/2019

Title

Date

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

I am being Racially and Medically Discriminated against, My disability, WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE? An impairment that limit one Major life Activity is considered a disability; Major life activities (1) Caring for one's self (2) performing manual tasks, (3) Walking (4) Seeing (5) hearing (6) eating (7) Sleeping (8) Standing (9) Lifting (10) Concentrating (11) Learning. I can not Stand (A) Walk or Lift heavy items. If an Inmate establishes he's been subjected to an act prohibited under this policy because of actual physical impairment whether or not the impairment limits a major life activity. This may include medical medication as proven necessary by appropriate medical together with Department personnel. Well I got the ABC Department to put in Safety Rail in my Shower and around my Comode, I still can't Shower because I need a Shower Chair I can't Stand and I can't Walk. Why are you'll Discriminating against me, when you'll have afforded my Neighbor with a Wheel Chair and he can Walk just fine? (Anthony Holcombach #134723) Lives in Cell #200 next to me. But you deny me a Wheel Chair and a Shower chair and I can't Walk (A) Stand up and sit. Also, Remember when you say I was (Seen) by Dr. Smith, don't mean I was examined by him, looking at my toes Not Count as an examination. My left knee is still disfigured and Swollen but he refuse's me an x-ray on it; I've lost weight just to help myself get up and down off the Comode and I still can't reach the Sink to wash my face and brush my teeth. A Wheel Chair would really be a big help in helping me take care of myself; on a Shower chair would help me bath myself, I still

"have not, had a shower yet since May 21, 2018. I have been 26 months at JCS 11. Washing myself with a soapy towel the best I can with one hand reaching into the sink with Joss one hand. All I've asked for is a Shower Chair, Wheel Chair, and a MRI along with a visit to see Doctor Barnard Crowell the Doctor who done my surgeries, he may be able to get me back on my feet before its too late and I am Disabled for life, If that happens we all lose somehow.

William J. Stover
Inmate Signature

ADC#: 109194

Date 09/12/2019

Exhibit
Q-2

Received

SEP 23 2019

Deputy Director
Health & Correctional Programs

59
ms

IGTT430
3GD

Attachment VI

INMATE NAME: Starr, Willie J.

ADC #: 109194

GRIEVANCE#: VSM19-02051

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

On July 31, 2019, you grieved you need a wheelchair. You stated you cannot walk, so a walker is no use to you. You stated you cannot stand or lift anything, constituting a disability.

The medical department responded, "Review of your medical record shows that you were seen in provider sick call by Dr Smith for x-ray review and evaluation for wheelchair. Documentation shows " no physical limitation requiring a wheelchair is noted in the imaging or physical exam". Providers are authorized to order what they deem medically necessary based on their clinical judgement, because of this your grievance is without merit. You are encouraged to utilize the sick call process for all of your medical needs."

Your appeal states you are being racially and medically discriminated against. You state an impairment that limits one major life activity is considered a disability, and you cannot walk or lift. You state you need a shower chair and wheelchair because your knee is still disfigured and swollen, you have lost weight, and you cannot get to the sink to brush your teeth or wash your face. You state you need a wheelchair, a shower chair, an MRI, and a visit with Dr. Crowell because he did your surgeries and may be able to help before you are disabled for life.

According to the grievance policy, an appeal cannot raise new or additional issues or complaints.

As noted by the medical department, Dr. Smith evaluated you on July 19, 2019 and determined there was no physical limitation that would require a wheelchair.

You have been seen for your complaints and treated as deemed appropriate and clinically indicated based upon your provider's medical judgment; therefore, this appeal is without merit.

Director

Date

11/1/19

(Exhibit 9-3)

(b)(7)
10/15

UNIT LEVEL GRIEVANCE FORM (Attachment)

Unit/Center Varner UnitName Willie StarrADC# 109194 Brks # 1-20 Job Assignment B/V Classification

FOR OFFICE USE ONLY

GRV. # 15M19-02070Date Received: 8-19GRV. 18 AUG 1 AM 7:03

07/31/19 (Date) STEP ONE: Informal Resolution

08/03/19 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: The Warden said he didn'thave time to worry over one inmate. But he made sure the white inmate in one cell(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: got all he wanted, a handicapped cell and he can shower, I can't shower and I have to climb up on the cot and my bedIs this Grievance concerning Medical or Mental Health Services? Not AffectedBRIEFLY state your complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): Act 98 of 2011; #12-09. The facilities shallComply with the Handicapped Accessibility Standards by Arkansas Building Authority. My disa-bility limit a major life activity. Caring for myself. I have not had a shower since05/24/19, that's 69 days without a shower. A back injury stopped my legs from work-ing. I have written four request to the Classification Committee on 06/28/19 Address-ed to Ms. F. Washington asking to be put in a cell for my handicap but I got no kindof response. Major life activities: Walking, Sleeping, Standing, Concentrating, Think-ing, Working, Lifting. AD 12-09 states if a inmate establishes that he has been subjectedto an action prohibited under this policy because of an actual physical impairmentwhether the impairment limits major life activity. I have been sliding around on handsand butt because I can't stand or walk. This Administration has ignored my requestfor equal protection. Last week I was on the Classification list, but because I can't walk,Joseph Mahoney told the officers to just leave me, therefore denying me any chance to makerelevant statement to the Class Committee about my Medical Condition and how it is gettingworse. I can't stand or walk. I can't use a walker, because my legs are of no use, I needa wheel chair.Willie Starr

Inmate Signature

Date 07/31/2019

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on _____ (date), and determined to be Step One and/or an Emergency Grievance

(Yes or No). This form was forwarded to medical or mental health? _____ (Yes or No). If yes, name

of the person in that department receiving this form: Dr. Smith Date 8/1/19PRINT STAFF NAME (PROBLEM SOLVER) Sgt. Brown ID Number 94004 Staff Signature Sgt. Brown Date Received 8/1/19Describe action taken to resolve complaint, including dates: You were seen by Dr. Smith7/19/19 for evaluation on wheelchair. Dr. Smith noted one physicallimitation requiring a wheelchair. Brown 8/2/19Staff Signature & Date Returned Willie Starr Inmate Signature & Date Received 08/03/2019This form was received on _____ (date), pursuant to Step Two. Is it an Emergency? _____ (Yes or No).Staff Who Received Step Two Grievance: Sgt. Brown Date 8-3-19

Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____

If forwarded, provide name of person receiving this form: _____ Date: _____

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE - Grievance Officer; ORIGINAL - Given back

to Inmate after Completion of Step One and Step Two

IGTT410
JGSINMATE NAME: Starr, Willie J.ADC #: 109194BGRIEVANCE #: VSM19-02070

WARDEN/CENTER SUPERVISOR'S DECISION

Act 98 of 2011; #12-09. The facilities shall comply with the Handicapped Accessibility Standards by Arkansas Building Authority. My disability limit a major life activity (1) caring for myself I have not had a shower since 05/24/19, that's (69) days without a shower. A back injury stopped my legs from working, I have written 4 request to the classification committee on 10/28/19 addressed to Ms. F Washington asking to be put in a cell for my handicap but got not kind of response: Major life activities (3) Walking (4) Sleeping (5) Standing (6) Concentrating (7) Thinking (8) Working (9) Lifting. AD 12-09 states if a inmate establishes that he has been subjected to an action, prohibited under this policy because of an actual physical impairment whether the impairment limits major life activity. I have been sliding around on hands and butt because I can't stand (or) walk. This administration has ignored my request for equal protection; Last week I was on the classification list, but because I can't walk, Joseph P. Mahoney told the officers to just leave me, therefore denying me any chance to make relevant statements to the class committee about my medical condition and how it is getting worse, I can't stand or walk. I can't use a walker, because my legs are of no use, I need a wheel chair

In response to your grievance, you have been issued a walker for mobility & moved to a handicapped cell in order to meet daily needs. Therefore, I find your issue resolved.

Signature of Warden/Supervisor or Designee

Title

Date

RECEIVED
SEP 04 2019

INMATE'S APPEAL

INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues, which are not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE ABOVE RESPONSE?

Why Would any person With good Sense issue you a Walker, when you can not stand or walk? I can't walk so how is a Walker for mobility. And the Cell I was moved to don't meet Nothing, (1) There are no Rails for Support, (2) No Rails for Shower (3) No Rails to help me get on/off Commode (3) No Rails to help me use the Sink to Wash Face (OR) to even get a drink of Water. Now as far as this Shower goes, I won't set on the Floor over (OR) Next too the Draining System I have enough Health problem as it is and I won't put my health in any more danger then it's already at. Give me the Shower Chair and Wheel Chair as Medically needed (OR) Show me Why the White Man can get these Medical Needs taking Care of and not the Old Black Man!

ADC #: 109194

Date

08/30/2019

Inmate Signature

Willie J. Starr

In Mate Next door to me has a Wheel Chair and he can walk good:

IGTT430
3GD

Attachment VI

INMATE NAME: Starr, Willie J.

ADC #: 109194

GRIEVANCE#: VSM19-02070

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

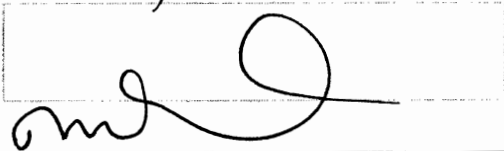
On 07/31/2019, you stated the following complaint: "Act 98 of 2011; #12-09. The facilities shall comply with the Handicapped Accessibility Standards by Arkansas Building Authority. My disability limit a major life activity (1) caring for myself I have not had a shower since 05/24/19, that's (69) days without a shower. A back injury stopped my legs from working, I have written 4 request to the classification committee on 10/28/19 addressed to Ms. F Washington asking to be put in a cell for my handicap but got not kind of response: Major life activities (3) Walking (4) Sleeping (5) Standing (6) Concentrating (7) Thinking (8) Working (9) Lifting. AD 12-09 states if a inmate establishes that he has been subjected to an action, prohibited under this policy because of an actual physical impairment whether the impairment limits major life activity. I have been sliding around on hands and butt because I can't stand (or) walk. This administration has ignored my request for equal protection; Last week I was on the classification list, but because I can't walk, Joseph P. Mahoney told the officers to just leave me, therefore denying me any chance to make relevant statement to the class committee about my medical condition and how it is getting worse, I can't stand or walk. I cant use a walker, because my legs are of no use, I need a wheel chair"

The Warden responded to your grievance on 08/22/2019 by stating the following: "In response to your grievance, you have been issued a walker for mobility & moved to a handicapped cell in order to meet daily needs. Therefore, I find your issue resolved."

Your appeal was received on 09/04/2019. After review of your appeal and supporting documentation, I find that I concur with the Warden's decision. Your appeal is without merit.

Appeal denied.

*A Walker I Can't Use, and
Moved to a Cell that's not Handicapped, it has no
Safety Rails around the Comode (or) Shower (or) Sinks!*



Director

Date

9-9-19

UNIT LEVEL GRIEVANCE FORM (Attachment I)

FOR OFFICE USE ONLY

GRV. # VSM19-02183Date Received: 9-3-19 2/AGRV. Code # 203Unit/Center Varner Unit (VSM)Name Willie L. StarrADC# 109194 Brks # 1-03 Job Assignment _____

08/20/19 (Date) STEP ONE: Informal Resolution

08/30/19 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: Cell, Not Handicapped Accessible!
Dr. Smith has been misled by Mrs Bland and the Nurse Jones, So I've been made for(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: Suffer at her hands, I am deniedany Medical help; I am denied any Medical equipment that I need...
Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental**BRIEFLY** state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): To Classification Committee;To VSM Building Majors and Captains. This Cell is Supposed to Be Handicapped Ready, Well it's not it has No Safety Rails and I have No Shower Chair; I Can't Stand there for I need a Shower Chair. I need these Rails to help me get on and Off the Commode! I have Suffered Now Since 08/21/19, I've Suffered in Siline's But I am slowly hurting myself and that's got to stop before I end up breaking my Neck, I've already hurt my neck a few times in falls already.Inmate Signature Willie L. StarrDate 08-27-2019

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLYThis form was received on _____ (date), and determined to be **Step One** and/or an Emergency Grievance _____ (Yes or No). This form was forwarded to medical or mental health? _____ (Yes or No). If yes, name of the person in that department receiving this form: Daniel Johnson Date 8-27-19PRINT STAFF NAME (PROBLEM SOLVER) SCA Birtche ID Number 58439 Staff Signature [Signature] Date Received 8-26-19Describe action taken to resolve complaint, including dates: Chair was denied 08/21/19 by Dr. Smith. Housing concerns are an ADC issue, please address with ADC. Warden 8/28/19WS-ADC has No issue with the Chair, Man right next to me has Shower Chair and Wheel Chair. Willie StarrStaff Signature & Date Received [Signature] 08/30/2019This form was received on _____ (date), pursuant to **Step Two**. Is it an Emergency? _____ (Yes or No).Staff Who Received Step Two Grievance: [Signature] Date: 8/30/19Action Taken: 3 (Forwarded to Grievance Officer/Warden/Other) Date: _____

If forwarded, provide name of person receiving this form: _____ Date: _____

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; **BLUE** - Grievance Officer; **ORIGINAL** - Given back to Inmate after Completion of Step One and Step Two.

IGTT410
3GSINMATE NAME: Starr, Willie J.ADC #: 109194BGRIEVANCE #: VSM19-02283

WARDEN/CENTER SUPERVISOR'S DECISION

In response to your grievance, you state, To Classification Committee; To. VSM Building Major's and Captain's. This cell is suppose to be handicapped ready well its not it has no safty rails and I have no shower chair, I cant stand therefore I need a shower chair. I need these rails to help me get on and off the commode! I have suffered now sence 05/21/19, Ive suffered in siline's but I am study hurting myself and that's got to stop before I end up breaking my neck, Ive already hurt my neck a few times in falls already.

You have been afforded a walker to help with your mobility and moved to a handicapped cell in order meet your daily needs. According to infirmary Dr. Smith has denied your request for shower chair. Therefore, if you have medical issue you may place a sick call to infirmary.

Therefor I find this issue without merit.

RECEIVED
SEP 11 2019
Signature of Warden/Supervisor or Designee
INMATE GRIEVANCES SUPERVISOR
ADMINISTRATION BUILDING
Date 9/5/19

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues, which are not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

*Americans With Disabilities Amendment Act; 12-09 SuperSedes 09-19 Reference :
WHY DO YOU DISAGREE WITH THE ABOVE RESPONSE?
Act 98 of 2011. Policy: It shall be the policy of ADC to provide procedures for prompt and equit.
ble resolution of concerns or complaints alleging any acts of discrimination against inmates with a disa-
bility. The department does not deny the benefits of its programs, activities and services to inmates
with disabilities whether its facilities are owned, leased or utilized by the Department. The facilities
shall comply with the Handicapped Accessibility Standards developed by Arkansas Building Authority. Inmate
with Disabilities means inmates who have a physical or mental impairment that Substantially limits one or more
of the major life activities; or is regarded as having such impairment. An impairment that Substantially
limits one major life activity need not limit other major life activities in order to be considered a disa-
bility. If the impairment is episodic or in remission, it is a disability if it would Substantially limit
major life activity. (Major life Activities) Caring for oneself; performing manual tasks; Walking, sleep-
standing, lifting; Bending; Concentrating; Communicating. If a inmate establishes that he has been Subject
to an action Prohibited under this policy because of an actual (or) perceived physical impairment wh-
ther (or) not the impairment limits (or) is perceived to limit a major life activity. I have
not had a Shower sence 05-24-2019. Can Never get up on Comode on time, before using the
Bath Room on myself, have No Rails to help me get up on Comode, Cant Wash face, Cant reach Sink!
ADC#: 109194
Date 09/07/2019
Inmate Signature*

(32)
IGTT410

IGTT430
3GD

Attachment VI

INMATE NAME: Starr, Willie J.

ADC #: 109194

GRIEVANCE#: VSM19-02283

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

On 08/27/2019, you stated the following complaint: "To Classification Committee; To. VSM Building Major's and Captain's. This cell is suppose to be handicapped ready well its not it has no safty rails and I have no shower chair, I cant stand therefore I need a shower chair. I need these rails to help me get on and off the commode! I have suffered now sence 05/21/19, Ive suffered in siline's but I am study hurting myself and that's got to stop before I end up breaking my neck, Ive already hurt my neck a few times in falls already."

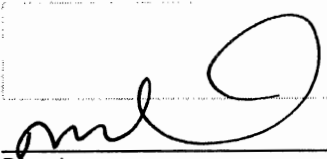
The Warden responded to your grievance on 09/05/2019 by stating the following: "You have been afforded a walker to help with your mobility and moved to a handicapped cell in order meet your daily needs. According to infirmary Dr. Smith has denied your request for shower chair. Therefore, if you have medical issue you may place a sick call to infirmary.

Therefor I find this issue without merit."

Your appeal was received on 09/11/2019. After review of your appeal and supporting documentation, I find that I concur with the Warden's decision. Your appeal is without merit.

Appeal denied.

A Walker to a person with no leg move-ment is No Good to the person!!
A Handicapped Cell Would have (Safety Rails) to help you move around in the Cell, this One had no Rails.


Director

9.25.19
Date

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center Vanner Unit (VSM)

Name Willie J. Starr

ADC# 109194 Brks# 1-03 Job Assignment Major CP

FOR OFFICE USE ONLY

GRV. # 17-02283

Date Received: 08-03-2019

GRV. Code #: _____

08/27/19 (Date) STEP ONE: Informal Resolution

08/30/19 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: Dr Smith say he is going to Order lab - He say I had Kidney Infection and that he would

_____, (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: Send me pills and Antibiotic on 08/30/2019

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): I am putting in the Sick Calls. They are taking the 3.0 Co pay. But they have not given me any medical attention. They even fake my medical visit. But let the truth be shown. I've never had any close examination and all I've gotten is promises and lies. But I am the one laying back here on this hard concrete. You'll have to know my condition cause by the request to Classification (P) the Grievance's. I refuse to continue here for what the ADC is suppose to give me. The Infirmary Staff and some ADC Staff knows of my injuries because they saw it happen. But beyond my understand for some reason the Infirmary is continually Denying me Medical attention. My back went out, Nether one of my legs has worked since. Medical say an MRI cost to much so I am out of luck. Well Federal, State, and ADC promised US equal protection Under the law if never said you had to give MRI's to a Number of White Inmates. Before you take on another Black. KPII Need is an MRI to find the problem and I could be walking again, but to save money they weather see me slide on this concrete on my hand and butt dragging my legs!

Willie J. Starr

08-27-2019

Inmate Signature

Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on _____ (date), and determined to be Step One and/or an Emergency Grievance

_____, (Yes or No). This form was forwarded to medical or mental health? _____ (Yes or No). If yes, name of the person in that department receiving this form: Dr. Smith Date 8-26-19

PRINT STAFF NAME (PROBLEM SOLVER) Dr. Smith ID Number 53439 Staff Signature Dr. Smith Date Received 8-26-19

Describe action taken to resolve complaint, including dates: that Procedures and tests are ordered as deemed medically appropriate by providers. You have not been ordered an MRI. You are encouraged to utilize the sick call process for medical needs.

Staff Signature & Date Returned Dr. Smith

Inmate Signature & Date Received Willie J. Starr 08/30/2019

This form was received on _____ (date), pursuant to Step Two Is it an Emergency? _____ (Yes or No).

Staff Who Received Step Two Grievance: X Date: X

Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____

If forwarded, provide name of person receiving this form: _____ Date: _____

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; **BLUE** - Grievance Officer; **ORIGINAL** - Given back to Inmate after Completion of Step One and Step Two.

Willie J. Starr 08-27-2019 Communication Date

Unit/Center

Name

ADC# 109194 Brks # 1-03 Job Assignment

(Date) **STEP ONE: Informal Resolution**

(Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: I got no response!

_____, (Date) **EMERGENCY GRIEVANCE** (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? If yes, circle one: *medical* or *mental*

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how **you** were affected. (Please Print): The AR 833 this Administrator is responsible for

lies to all providers of Health Care to Legate. It also applies to administrative staff. Nothing
further and affected by the recommendation of Health Care providers. Accessible to all staff
and to the public. It is a standard in contact with health care staff qualified to evaluate and
treat the presenting complaint without undue delay or difficulty. On: 08/30/2019
Dr. Smith and Nurse Anne Jones "What's the problem Officer Col. M. Taylor and Sgt. Smith asking them
if they thought I was thinking that I can't walk? They said no he is not F. King. They then
said Well Mrs. Island has everyone thinking he is? So I asked Dr. Smith is this the reason
why I've been under your care since 06/21/19 and each time you say me you where like
and different to my Medical Needs? He said yes. I had to keep for an X-Ray on my knee
and left leg and I still am denied that X-Ray. I can not believe that a medical doctor
with degrees would be so negligence's to a person. On some Gossip around the office:
While I suffered in constant pain from May 21 2019 till this day. I've been refused
medical treatment. I've been denied a wheelchair for Motor Abilities. I am denied a
Shower Chair to Bath myself. I've been Discriminated against my wife's injury has
a wheelchair while I am in one; also he can walk. I can not... Next door to me -

Inmate Signature

Date _____

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on _____ (date), and determined to be Step One and/or an Emergency Grievance _____ (Yes or No). This form was forwarded to medical or mental health? _____ (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

PRINT STAFF NAME (PROBLEM SOLVER)

ID Number

Staff Signature _____

Date Received _____

Describe action taken to resolve complaint, including dates:

Staff Signature & Date Returned

Inmate Signature & Date Received

This form was received on 9.12.19 (date), pursuant to Step Two Is it an Emergency? NO (Yes or No).

Staff Who Received Step Two Grievance: X Det. [Signature] Date: X 12/12/19

Action Taken: (Forwarded to Grievance Officer/Warden/Other) Date: 1/1/2017

If forwarded, provide name of person receiving this form: _____ Date: _____

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; **BLUE** - Grievance Officer; **ORIGINAL** - Given back to Inmate after Completion of Step One and Step Two.

New Communication Noted 10-25-19

CB1/03

IGTT440
3GE

Attachment X

GRIEVANCE EXTENSIONTO INMATE: Starr, Willie J.
FROM: Parker, Sondra L
DATE: 10/11/2019ADC#: 109194
TITLE: Nursing Supervisor
GRIEVANCE #: VSM19-02377*Sent appeal off to
Deputy Director for Health
and Correctional programs
on 10/30/2019
(Wednesday)*

ADDITIONAL TIME IS NECESSARY IN ORDER TO:

gather additional informationYOU WILL RECEIVE COMMUNICATION FROM THIS OFFICE BY: 10/25/2019

This Extension is automatic unless you specifically disagree; If you agree to the extension then no action is required on your part. If you DO NOT agree to the extension, check DISAGREE, sign your name on the signature line, write your ADC#, and date this form, and return the original to this office. If you do not agree, you understand that, with your decision, NO FURTHER ACTION will be taken on this issue, you WILL NOT have exhausted your administrative remedies, and your grievance will be returned to you without a decision regarding its merit.

☒ **DISAGREE**

By disagreeing with this extension, I waive my right to have this grievance issue considered, and acknowledge I have not exhausted the grievance process as necessary to pursue a complaint.

ADC#: 109194 Date: _____

Inmate Signature

*Sondra Parker*10/11/2019

Warden/Center Supervisor Signature

Date

Chief Deputy/Deputy/Assistant
Director/Director Signature

Date

*(Exhibit U-1)**(3)*
Starr

IGTT400
3GR

ACKNOWLEDGMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

TO: Inmate Starr, Willie J.
FROM: Redwood, Sandra
DATE: 09/13/2019

ADC #: 109194B
TITLE: ADC Inmate Grievance Coord
GRIEVANCE #: VSM19-02377

Please be advised, I have received your Grievance dated 09/09/2019 on 09/13/2019.
You should receive communication regarding the Grievance by 10/11/2019

(Exhibit U-2)

E. H. Redwood
Signature of ADC Inmate Grievance Coord

No Response

CHECK ONE OF THE FOLLOWING

- ☐ This Grievance will be addressed by the Warden/Center Supervisor or designee.
- ☐ This Grievance is of a medical nature and has been forwarded to the Health Services Administrator who will respond.
- ☐ This Grievance involves a mental health issue and has been forwarded to the Mental Health Supervisor who will respond.
- ☐ This Grievance has been determined to be an emergency situation, as you so indicated.
- ☐ This Grievance has been determined to not be an emergency situation because you would not be subject to a substantial risk of personal injury or other serious irreparable harm. Your Grievance will be processed as a Non-Emergency.
- ☐ This Grievance was REJECTED because it was either non-grievable (), untimely, was a duplicate of , or was frivolous or vexatious.

INMATE'S APPEAL

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

(A. H. Redwood got back copy of I have done to go)

ADC#: 109194

Date

Inmate Signature

(A. H. Redwood got back copy of I have done to go)
10-11-2019

IGTT405
3GT

Attachment V

**ACKNOWLEDGEMENT OF GRIEVANCE APPEAL
or REJECTION OF APPEAL**

TO: Inmate Starr, Willie J. ADC #: 109194B
FROM: Griffin, Rory L TITLE: Dep Dir for Hlth and Corr Svc
RE: Receipt of Grievance VSM19-02377 DATE: 11/19/2019

Please be advised, the appeal of your grievance dated
09/09/2019
was received in my office on this date 11/19/2019

You will receive communication from this office regarding this Grievance by 01/07/2020

- ☐ The time allowed for appeal has expired
- ☐ The matter is non-grievable and does not involve retaliation:
 - ☐ (a) Parole and/or Release matter
 - ☐ (b) Transfer
 - ☐ (c) Job Assignment unrelated to medical restriction
 - ☐ (d) Disciplinary matter
 - ☐ (e) Matter beyond the Department's control and/or matter of State/Federal law
 - ☐ (f) Involves an anticipated event
- ☐ You did not send all the proper Attachments:
 - ☐ (a) Unit Level Grievance Form (Attachment 1)
 - ☐ (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response Attached (Attachment IV for Health Issues Only)
 - ☐ (c) Did not give reason for disagreement in space provided for appeal
 - ☐ (d) Did not complete Attachment III or IV with your name, ADC#, and/or date
 - ☐ (e) Unsanitary form(s) or documents received
 - ☐ (f) This Appeal was REJECTED because it was a duplicate of , or was frivolous or vexatious

No Response!!

Exhibit U-3

Starr

Grievance Office
UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center VSM Varnd SupermaxName Willie StarrADC# 109194 Brks # 1-03 Job Assignment

FOR OFFICE USE ONLY

GRV. # VSM19-02746Date Received: 10/24/19GRV. Code #: 20010/15/19 (Date) STEP ONE: Informal Resolution10/17/19 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)If the issue was not resolved during Step One, state why: I was told to send this to Infirmat for Communication on Medical Grievances?

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why:

Is this Grievance concerning Medical or Mental Health Services? medical If yes, circle one: medical or mental**BRIEFLY** state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): Grievance personals, I have a number of past due Grievance's, due for Communication from Department ofDep Dir for Health and Correct Service, From "Mr. Rory L Griffin"(1) Griv # VSM-19-01677(2) Griv # VSM-19-02377(3) Griv # VSM-19-01769All past due for Communi-cation, please respond!(4) Griv # VSM-19-02283 has a communication date of 10-23-2019:I am Sick and I Need medical treatment (ASAP) I Can't Walk (or) Stand up So the Scanner I get Communication the Better.Inmate Signature Willie J. StarrDate 10-15-2019

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLYThis form was received on _____ (date), and determined to be Step One and/or an Emergency Grievance

(Yes or No). This form was forwarded to medical or mental health? _____ (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

x Kennedy PRINT STAFF NAME (PROBLEM SOLVER)x 101780 ID Numberx Kennedy Staff Signaturex 10/15/19 Date ReceivedDescribe action taken to resolve complaint, including dates: Per Ms. Thompson allGrievances are medical you may send a request to medical to provide an answer to their owed grievances.Staff Signature & Date Returned Kennedy 10/17/19Inmate Signature & Date Received Willie Starr 10/17/2019This form was received on _____ (date), pursuant to Step Two Is it an Emergency? _____ (Yes or No).Staff Who Received Step Two Grievance: x 88768 Date: x 10-17-19

Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____

If forwarded, provide name of person receiving this form: Down Date: 10/21/19**DISTRIBUTION: YELLOW & PINK** - Inmate Receipts; **BLUE** - Grievance Officer; **ORIGINAL** - Given back to Inmate after Completion of Step One and Step Two.

UNIT LEVEL GRIEVANCE FORM (Attachment I)Unit/Center VSMName Willie StarrADC# 109194 Brks # 1-03 Job Assignment _____

FOR OFFICE USE ONLY

GRV. # VSM-19-02746Date Received: 10/24/2019

GRV. Code #: _____

10/15/19 (Date) STEP ONE: Informal Resolution10/17/19 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)If the issue was not resolved during Step One, state why: I Was told to send this to Informal for Communication on Medical Grievance.

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): Grievance percent, I have a number of past due Grievances due for Communication from Department ofDep Dir for Health and Correct Service, From "Mc Koy & Griffin"(1) Griv # VSM-19-01677(2) Griv # VSM-19-02377 All past due for Communi-(3) Griv # VSM-19-01769 Cation, please respond!(4) Griv # VSM-19-02283 has a communication date of 10-23-2019.I am Sick and I need medical treatment (19 AP) I can't walk (or) stand up to theSecret I get Communication the 1st of 10.Willie Starr 10-15-2019

Inmate Signature

Date

If you are harmed, threatened because of your use of the grievance process, report it immediately to the Warden or designee.**THIS SECTION TO BE FILLED OUT BY STAFF ONLY**This form was received on _____ (date), and determined to be Step One and/or an Emergency Grievance _____ (Yes or No). This form was forwarded to medical or mental health? _____ (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____PRINT STAFF NAME (PROBLEM SOLVER) Kenney ID Number 10000 Staff Signature (WS) Date Received 10/17/19Describe action taken to resolve complaint, including dates: per Mr. Thompson, all grievances of medical nature are to be sent to Medical to provide an answer to their own grievances.Staff Signature & Date Returned Kenney 10/17/19 (WS) Inmate Signature & Date Received Willie Starr 10/17/2019This form was received on _____ (date), pursuant to Step Two. Is it an Emergency? _____ (Yes or No).Staff Who Received Step Two Grievance: X Date: X

Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____

If forwarded, provide name of person receiving this form: _____ Date: _____

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE - Grievance Officer; ORIGINAL - Given back to Inmate after Completion of Step One and Step Two.

IGTT410
3GS

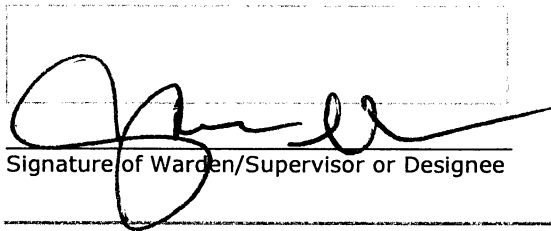
INMATE NAME: Starr, Willie J.ADC #: 109194BGRIEVANCE #: VSM19-02746

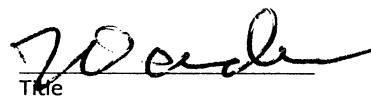
WARDEN/CENTER SUPERVISOR'S DECISION

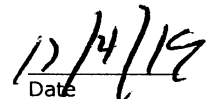
In response to your grievance, you state, Grievance personals I have a number of past due grievance's due for communication from Department of Dr. Dir for health and correct service, From "Mr. Rory L. Griffin"! (1) GRIV. # VSM-19-01766, (2) GRIV # VSM-19-02Records s377, (3) vsm19-01769, (4) GRIV # 19-02283 All past due for communication, please respond! Has a communication date of 10-23-2019: I am sick and I need medical treatment (ASAP) I can't walk (or) standup so the sooner I get communication the better.

Records show three (3) of the above grievances are medical issues, which has been Acknowledged and Responded too by the Medical Department. Grievance #VSM19-02283 has been Acknowledged, Responded and Appealed. Therefore you have received all responding documentation. If you have any medical issue you may place in a sick call to infirmary.

Therefore, I find this issue without merit.


Signature of Warden/Supervisor or Designee


Title


Date

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues, which are not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE ABOVE RESPONSE?



ADC#: 109194

Date

Inmate Signature

ARKANSAS DEPARTMENT OF CORRECTION

Medical Restrictions/Limitations/Special Authorization(s)**MSF-207****PART 1 - RESTRICTIONS:****RESTRICT INMATE FROM:**

- ☐ Restrict from assignment requiring strenuous physical activity in excess of hours per day. Allow 10 minute break after each hour.
- ☐ Restrict from assignment requiring prolonged crawling, stooping, running, jumping, walking, or standing, in excess of hours per day. Allow 10 minute break after each hour.
- ☐ Restrict from assignment requiring lifting of heavy materials in excess of lbs; and/or overhead work in excess of hours per day. Allow 10 minute break after each hour.

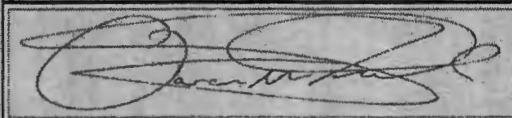
PART 2 - LIMITATIONS:**INMATE REQUIRES:**

- * ☐ **Bed Rest** days. Reason:
- ☐ **No Duty** days. Reason:
- ☐ **No Yard Call** days. Reason:
- ☐ **No Sports** days. Reason:
- ☐ **One Arm/Hand Duty** days.

PART 3 - AUTHORIZATIONS:**INMATE IS AUTHORIZED TO:**

- ☐ Report to the Infirmary for Special Treatments ()
- ☐ Soak:
- ☐ Exercise:
- ☐ Other:
- ☐ Bathe in the Infirmary
- ☐ Sitz Bath
- ☐ Cast
- ☐ Other:
- ☒ Have in Possession:
- ☐ Cane
- ☐ Crutches
- ☐ Brace: (describe briefly)
- ☐ Prescribed Footwear:
- ☐ Orthopedic Appliance: (describe briefly)
- ☒ Other: walker
- * ☐ Go to Dining/Pill Window/Shower Only

*No Good to a
Person Who has no
leg more ment
Need Wheel Chair*

This Medical Restriction(s)/Limitation(s)/Special Authorization(s) Starts: 07/25/2019 05:56:00 PMThis Medical Restriction(s)/Limitation(s)/Special Authorization(s) Ends: 07/23/2020 05:56:00 PM

Name: Starr, Willie J.DOB: 05/26/1966ADC#: 109194

Aaron M Smith

Distribution: Original - Medical Jacket

CB 1/120

*(SL)
mfs*

ore

ARKANSAS DEPARTMENT OF CORRECTION

Medical Restrictions/Limitations/Special Authorization(s)**MSF-207****PART 1 - RESTRICTIONS:****RESTRICT INMATE FROM:**

- ☐ Restrict from assignment requiring strenuous physical activity in excess of hours per day. Allow 10 minute break after each hour.
- ☐ Restrict from assignment requiring prolonged crawling, stooping, running, jumping, walking, or standing, in excess of hours per day. Allow 10 minute break after each hour.
- ☐ Restrict from assignment requiring lifting of heavy materials in excess of lbs; and/or overhead work in excess of hours per day. Allow 10 minute break after each hour.

PART 2 - LIMITATIONS:**INMATE REQUIRES:**

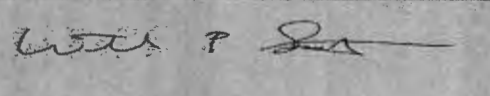
- * ☐ Bed Rest days. Reason:
- ☐ No Duty days. Reason:
- ☐ No Yard Call days. Reason:
- ☐ No Sports days. Reason:
- ☐ One Arm/Hand Duty days.

PART 3 - AUTHORIZATIONS:**INMATE IS AUTHORIZED TO:**

- ☐ Report to the Infirmary for Special Treatments(
- ☐ Soak:
- ☐ Exercise:
- ☐ Other:
- ☐ Bathe in the Infirmary
- ☐ Sitz Bath
- ☐ Cast
- ☐ Other:
- ☒ Have in Possession:
- ☐ Cane
- ☐ Crutches
- ☐ Brace: (describe briefly)
- ☐ Prescribed Footwear:
- ☐ Orthopedic Appliance: (describe briefly)
- ☒ Other: WHEELCHAIR
- * ☐ Go to Dining/Pill Window/Shower Only

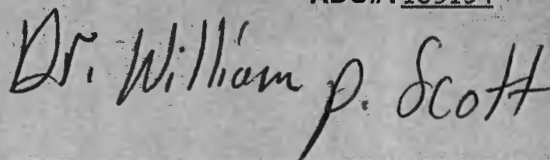
This Medical Restriction(s)/Limitation(s)/Special Authorization(s) Starts: 10/25/2019 11:44:00 AM

This Medical Restriction(s)/Limitation(s)/Special Authorization(s) Ends: 02/24/2020 11:44:00 AM


Name: Starr, Willie J.DOB: 05/26/1966ADC#: 109194

William P Scott

Distribution: Original - Medical Jacket



w/2/c

Unit Maintenance
UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center (VSM) Varner UnitName Willie J. StarrADC# 109194 Brks # 1-03 Job Assignment _____10/29/19 (Date) STEP ONE: Informal Resolution (Housing Conditions)!

11/01/19 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: Maintenance say they work- ed on my roof to stop leaks, but on 11-01-19 my roof leaked down_____, (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm: emergency grievances are not for ordinary problems that are not of serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. In an Emergency, state why: my wall into my Bed again and also on my floor and table. This leak is messing up my Bed Covers...

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): On June 25th I was moved to (1-BK) later I was

Moved to a handicapped Cell due to the fact I can't walk. The problem is that every time the inmate above me turn on his shower, water leaks through his floor down my wall into my Bed and my floor. I waited since June 25th for Maintenance to fix this problem. 5) Five months of looking up in water! I've shown this problem to Countless of people over the past 5 months trying to get help in getting the problem fixed - Officers, Nurses, Maintenance men, Mr. Kennedy, Sgt. Jones, Capt Taylor. When Maintenance put in this Bar on the Shower for safety on 09/09/2019, The Area World Maintenance man promised to have it fix that week, that was 30 days ago. This water has messed up my Bed Covers, Blanket and Sheets. I Need this leak fixed, it has caused me Many "Wet, Sleepless

Cold Nights! I Cannot Walk or Stand which makes it hard to maintain a Cell with leaking walls/roof that Wets your Bed and keeps you up at night Cold and no covers to keep warm!! Please fix this leak its been

Willie J. Starr

Date

10/29/20195 months!

Inmate Signature

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLYThis form was received on _____ (date), and determined to be Step One and/or an Emergency Grievance

(Yes or No). This form was forwarded to medical or mental health? _____ (Yes or No). If yes, name

of the person in that department receiving this form: _____ Date _____

PRINT STAFF NAME (PROBLEM SOLVER) KennedyID Number 46780Staff Signature KennedyDate Received 10/29/19Describe action taken to resolve complaint, including dates: Per Mr. James placed siliconearound floor and above cell.Silicone Did not Work.Staff Signature & Date/Returned Kennedy 10/31/19Inmate Signature & Date Received Willie J. Starr 11/01/2019This form was received on _____ (date), pursuant to Step Two Is it an Emergency? _____ (Yes or No).Staff Who Received Step Two Grievance: Sgt. Jones Date: 11-1-19

Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____

If forwarded, provide name of person receiving this form: _____ Date: _____

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; **BLUE** - Grievance Officer; **ORIGINAL** - Given back to Inmate after Completion of Step One and Step Two

IGTT410
3GS

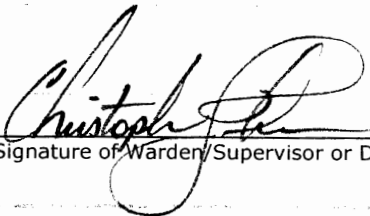
Attachment III

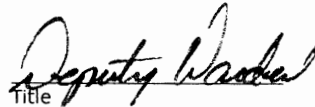
INMATE NAME: Starr, Willie J.ADC #: 109194BGRIEVANCE #: VSM19-02917

WARDEN/CENTER SUPERVISOR'S DECISION

(white) On June 25th I was moved to (1-BK later I was moved to a handicapped cell due to the foot I cn't walk. The problem is that every time the inmate above me turn on his shower, water leaks through his floor down on my wall into my bed and my floor. I waited on sence June 25th for maintenance to fix this problem(5) five months of waking up in water/ I've shown this problem to countless of people over the past (5! month trying to get help in getting the problem fixed - officers, nurses, Maintenances men, Ms Kennedy, Sgt Jones, Capt Taylor! When Maintence put in this bar on the shower for safty on 09/09/2019, the free world Maintence man promised to have it fix that week, that was 50 days ago: This water has messed up my bed covers, blanket and sheets: I need this leak fixed. it has caused me many"WET" sleepless, Cold nights! I cannot wake up & stand which makes it hard to maintain a cell with leaking walls and no covers to keep me warm!! Please fix this leak its been (5) months

In response to your grievance, Maintenance advised the ceiling was checked for leaks in cell #103, but found no problem, on October 31, 2019. Maintenance sealed floor in #129 to prevent ceiling leaks in cell #103 on October 9, 2019. Maintenance has received request for routine check of ceiling in cell #103 and the floor in #129 for preventative measures. Therefore, I find your grievance without merit.


Signature of Warden/Supervisor or Designee


Title

12/3/19
Date

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues, which are not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE ABOVE RESPONSE?


ADC#: 109194

Date

Inmate Signature

Dr. Raton Smith

Exhibit Z

JC HEALTH SERVICE REQUEST FORM

MSF-202 C revised 2013

Name (Last, First, MI): <u>Star Willie J</u>	ADC #: <u>109194</u>	Date of birth: <u>5-26-66</u>	Barracks: <u>1-03</u>	Date of Request: <u>01/01/2020</u>
---	-------------------------	----------------------------------	--------------------------	---------------------------------------

Job Assignment: I Need an (X-Ray) On my left hip and my Knees they Continue to hurt and I've been on Ibuprofen 400mg twice weeks now. This pain in my back, hip, and Knees
 Description of the problem: Just won't easy up! I can't even turn over in bed, the pain is worse. I am
stiff all the time in my back and it's only gotten worse this past month.

I consent to be treated for the above problem. I understand that in accordance with the Department of Correction's policy, I will be charged for healthcare services through my inmate account. I understand that if I am unable to pay for my healthcare services, I will be responsible for the outstanding debt.

The Al. Defectively pain and Nervous System is on the chart. I can't stand anything to touch my feet or legs...

INMATE'S SIGNATURE: Willie J Star DATE: 01/01/2020

FOR MEDICAL USE ONLY

FACILITY NAME: Varner Unit

DATE RECEIVED BY MEDICAL DEPT: _____

PRIORITY 1 :See within 24 hours- emergent need ☐ PRIORITY 3:See within 72 hours- routine request ☐
 PRIORITY 2: See within 48 hours- urgent need ☐ PRIORITY 4: Face-to-face visit not needed; respond to request in writing ☐

DATE TRIAGED: _____ TRIAGED BY: (NAME) _____ (TITLE) _____

If the EHR is unavailable, enter nursing sick call notes in this area:

Vital Signs: BP _____ Pulse _____ Temp _____ Resp _____ Wt _____
 Protocol Used: _____

Subjective: _____

Objective: _____

Assessment: _____

Plan: _____

Location: _____

Referral to: ☐ Physician ☐ Mid-level ☐ Mental Health ☐ Dental ☐ Other (List): _____

Medical Staff Name: _____

Medical Staff Signature: _____ Title: _____ Date/time: _____ Unit: _____

Inmate Name: _____ ADC #: _____ Date of Birth: _____

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